



## Job Site Safety Reporting Form

**Instructions:** If you feel that there is a safety issue on your job site, please fill out the form below and submit it via fax (925) 680-4482, email ([payroll@workers.com](mailto:payroll@workers.com)), or drop it off at our office. Please do NOT use U.S. Mail as it will not reach us in timely manner for a proper response. A Workers.com representative will follow up as soon as it is received. If you would like to remain anonymous, do not include your name on this form.

Today's Date: \_\_\_\_\_ Date of Incident (or date you first noticed this safety concern) \_\_\_\_\_

Company/Work Site: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Company/Site Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Please describe your concern, and give us as much detail as possible:

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Optional Information

Your Name: \_\_\_\_\_

Phone Number (if you would like us to follow-up with you): \_\_\_\_\_