



EMPLOYEE CONCERNS REPORTING FORM
HOTLINE NUMBER: 1-865-241-ECMS (1-865-241-3267)
or 1-800-ORO-ECMS (1-800-676-3267)

USE THIS FORM TO REPORT SAFETY, HEALTH, AND ENVIRONMENTAL CONCERNS
MAIL FORM TO: US DOE, M-5, FEDERAL BUILDING, PO BOX 2001, OAK RIDGE, TN 37831
OR FAX FORM TO: 865-574-1939

DOE has established the Employee Concerns Management System (ECMS) for DOE Federal and contractor employees to help identify and resolve nuclear & no nuclear safety, health, environmental and other concerns relating to DOE programs.

Please fill out this form as completely as possible and mail it to the address shown above, or call the 24-hour Hotline number. If you call, please be prepared to provide the same information as requested on this form.

Please fill in appropriate spaces and check ALL items below which apply to your concern.

THIS CONCERN IS: Immediate Recurring Unique

DOES THE CONDITION IMMEDIATELY THREATEN DEATH OR SERIOUS HARM? Yes No

NATURE OF CONCERN: (Check all that apply)

Violation Willful Price-Anderson Violation Industrial Safety Hazard Health Hazard
Environmental Concern Nuclear or Radiation Concern Construction Other (specify:)

EXACT LOCATION OF CONCERN:

SUPERVISOR IN CHARGE OF WORK: SUPERVISOR'S PHONE NO.

WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) OF YOUR CONCERN IF IT REMAINS UNSOLVED?

Loss of life or injury Personnel Health Hazard Damage or loss of facilities or equipment
Damage to the Environment Other(specify:)

WHERE ELSE AND WHEN HAVE YOU PREVIOUSLY REPORTED THIS CONCERN?

Immediate Supervisor Union/Mgt. Grievance DOE IG Nowhere Other (specify) When? (mo./day/yr.)

WHAT EFFORTS WERE MADE TO CORRECT IT?

WHO IS YOUR EMPLOYER? (Name of company)

DOE Contractor (specify:) Other (specify:)
If this is your former employer, check here

IF YOU ARE A REPRESENTATIVE OF EMPLOYEES, GIVE YOUR POSITION AND THE NAME AND ADDRESS OF YOUR ORGANIZATION:

