



**EMPLOYEE CONCERNS REPORTING FORM**  
**HOTLINE NUMBER: 1-615-241-ECMS (1-423-241-3267)**  
**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: 423-574-1939**

DOE has established the Employee Concerns Management System (ECMS) for DOE Federal and contractor employees to help identify and resolve nuclear & nonnuclear safety, health, environmental and other concerns relating to DOE programs. Your assistance in notifying us about such concerns is essential to the success of these programs. However, to give your employer an opportunity to respond to your concern, you should first report it to your supervisor. Contractor employees are also requested to first use your own organization's established Employee Concern or Complaint Reporting Procedure; if no resolution can be made, if you fear reprisal, or if you want to request confidentiality, you may use the DOE ECMS.

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. Your name will be kept confidential if you request. If you choose to remain ANONYMOUS, please insert any 3 letters of the alphabet below the signature line, so you can check its status later, and record the date and the 3 letters separately for your reference. After reporting a concern, you may check on its status by calling during normal working hours at 423-576-4988. Your report must not contain any classified information. Thank you for your cooperation.

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:)

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:** \_\_\_\_\_