



Staffing, Safety, & Workplace Concern Report

Employee Name: _____ Date: _____

Department: _____ Shift: _____

I have informed (supervisor) _____ Title: _____

Work Assignment Issues:

The assignment has compromised my ability to complete my assigned work due to: (all checked areas must have description)

- Inability to complete assigned work due to short staffing
- Insufficient training/orientation for assignment
- Lack of equipment/supplies
- Safety concern
- Unfair Assignment

Description of concern: _____

How you would fix this concern: _____

Missed Breaks and Meal Periods:

- Didn't receive an uninterrupted meal period, Date: _____
- Didn't receive my break Date: _____
 - First break
 - Second break

Other Concerns:

- Management spoke to me in a disrespectful way, please provide details: _____

Other: _____

Routing instructions:

1. Employee complete form and may make photocopy for self and/or UFCW 3000 shop steward
2. Send original copy to Supervisor/Manager for response.