

# Concern Form

Date and time of incident: \_\_\_\_\_

Location: \_\_\_\_\_

## Facility Safety Concern:

Please provide a detailed description of the concern.

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## Behavioral Safety Concern:

Those involved (please provide full names when possible):

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Please check any behaviors that concern you about the situation, employee, or person(s) involved.

### *Environmental Circumstances:*

- Death of a loved one or pet
- Loss of dating or intimate relationship
- Removed from shift, activity, or company event
- Pending suspension, police charges, or court involvement
- Medical trauma or injury
- Unsafe use of a machine or other risky, on-site behavior
- Involved in bullying or teasing behavior

### *Financial insecurity:*

- Food insecurity
- Housing insecurity
- Victim of crime or harm

### *Anger/Aggression:*

- Disturbing written material or drawings
- Threats to hurt another person
- Insulting, profane, or aggressive language
- Preoccupation or discussion about ammunition or weapons
- Showing a weapon or prohibited item at the workplace
- Hostility or angry outbursts
- Sexual aggression, verbal threat, or physical threat

*Concerning Behaviors:*

- Intense sadness, tearfulness, or expressions of dread
- Excessive absences from work or during shifts
- Extreme withdrawal and social isolation
- Ongoing arguments with other employees
- Unusual or odd behavior such as talking to self or strange dress/mannerisms
- Suicidal remarks, thoughts, or actions
- Self-harming or cutting behaviors
- Preoccupation with death and dying
- Alcohol or other drug abuse/concern

Please describe the behaviors that have prompted you to share your concerns. Use as much detail as possible, including dates for any specific incidents. If you did not witness the behavior first-hand, please share how you learned of this information.

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How long has the behavior been going on?

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Have you spoken to or corresponded with anyone about your concern? If yes, who?

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Have you told the person that you will be submitting this referral?  Yes  No

Please share any reports, emails, videos, text messages, or recordings related to the concern.

I understand that referrals from this form will be received during regular business hours (Monday – Friday, 8:00 a.m. – 5:00 p.m.) and are not monitored after hours, on weekends, or during official holidays. I understand that if there is an immediate risk of harm to self or others, I should contact on-site security or the local police before submitting this form.

Completed by (optional): \_\_\_\_\_  
(Name and job title)

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(Signature)

Are you comfortable with us letting those involved know you shared this concern?  Yes  No