# HAZARD COMMUNICATIONS PROGRAM COMMENT FORM
# FORM 16

**TO ALL EMPLOYEES:**

If at any time you have a comment or complaint, or recognize a hazard in the workplace related to the hazard communications program, please write it down on this form. Please see that the Manager receives the completed form. You are not required to write your name on this form. It is completely anonymous.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**for office use only:**

Date received:_____
Action to be
taken:_____
_____
Date action completed:_____
Comments: