

SEIU Local 1021 CALAVERAS CHAPTER
Health, Safety & Grievance Committee
HSGC 1021

Date of Intake _____

Member Name _____

Date of Incident _____

Contact # _____

Department: _____

Immediate Supervisor: _____

Department Head: _____

Incident Description:

Reported? Y N

To Who: _____

What instructions did they give you?

HSGC 1021 Action:

