

# COUNTY OF SONOMA

## Employee Hazard Report Appeal Form



*Submit appeal within 10 days, if not satisfied with previous response.*

<b>Employee Hazard Appeal Information</b>	<b>1. Date of Appeal:</b>	<b>2. Department and Unit:</b>
	<b>3. Employee Name:</b>	<b>4. Appeal Submitted to:</b>
	<b>5. I am not satisfied with the previous response for the following reason(s):</b> (Attach Original Hazard Report response, additional pages, details, documents, photos, etc.)	
<b>6. I suggest the following potential corrective action(s):</b> (Attach solutions, additional pages, details, documents, photos, diagrams etc.)		
*Reviewing party shall submit a formal response within 30 days of receipt*		