CUI//PHYS When filled in

U.S. DEPARTMENT OF ENERGY REQUEST FOR INVESTIGATION OR INSPECTION OF SAFETY OR SECURITY VIOLATIONS

	on or DOE information securi nvestigation into the alleged v ote: unless you indicate below	ty regulation or requir violation. This form sho to remain anonymous	, your request will be provided to the			
DO NOT use this form to report an emergency or immediately life-threatening condition. To report an emergency, fatality, or imminent life-threatening situation, contact your supervisor and local DOE officials using locally established procedures.						
DO NOT include any classified information.						
1. DOE Site:						
2. I am an (select one):	Employee	Representative of Employee				
3. I work for/represent:						
4. Is your request related to your employ	ver or another contractor?	Employer	Other Contractor			
If other, specify the contractor:						
5. Specific location where the violation or condition exists or occurred (e.g., building, facility, work area, laboratory/room number):						
6. The violation or condition is:	One-Time	Recurring	Ongoing			
7. On what date did the violation or cond	lition become known?					
8. Describe the violation or condition. Include a description of the work activities involved, the number of employees exposed to or threatened by the violation/condition, and the potential impact of the condition/violation (e.g., injuries, spread of contamination, loss of control of material, number of individuals with unauthorized information access). Be as factual and detailed as possible but do not include any classified information.						

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9. If possible, identify the specific DOE safety regulation, DOE information security regulation/requirement, and/or company procedures						
that may have been violated.						
10. Did you observe the condition or violation yourself?						
		Yes	No			
If you se	lected no, how did you discover it?					
11. Have you reported the condition or violation to any of the following? (Select all that apply):						
	Immediate Supervisor	Company Safety	Representative	Company Security Representative		
	Company Employee Concerns Program	Union Represent	ative	DOE Employee Concerns Program		
	Not Reported to Another Organization/Representative	Other (Specify)				
12. Describe efforts to resolve this issue through existing contractor and DOE mechanisms. Reference any supporting documentation.						
13. Select an option for handling your request for investigation (check one):						
I request to remain anonymous. I acknowledge that this may restrict the Office of Enforcement's ability to thoroughly investigate my request and I won't be updated on progress or outcome(s).						
I request to keep my identity anonymous, except for authorized Office of Enforcement staff. They may contact me about my request for investigation.						
My name may be disclosed when discussing my request for investigation.						
14. Name: Job Title:						
14. Name. Job Thie.						
15. Telepho	5. Telephone: 16. Email Address:			17. Date:		
18. Preferre	d method of contact (check one):	Email	Telephone			
FOR DOE USE ONLY						
Date Receive	d: Request Number:		Assigned Enforcement Off	icer:		

Form must be downloaded and opened in Adobe Reader or Adobe Acrobat DC to submit form.