

**Allentown Fire Department**  
**Report of Safety Violation, Hazard, Unsafe Condition or Practice**

**1. Employee's Action**

<b>Date of Incident or Violation:</b>	<b>Platoon Working During Incident:</b>
<b>Name of Employee:</b>	
<b>Name of Deputy Chief on Duty at Time of Incident:</b>	
<b>Name of Officer in Charge of Incident:</b>	
<p><b>Describe in Detail the Safety Violation, Hazard, Unsafe Condition or Practice.</b>  <b>Recommend Corrective Action.</b></p>	
<p><small>If you desire anonymity, complete this form (including your name) and file the report with a Safety Committee Member. The Safety Committee Personnel will delete your name from the form to ensure your anonymity and submit the form to a Superior Officer for necessary action.</small></p>	
<b>Employee Signature:</b>	<b>Date Submitted:</b>
<b>Officer Signature:</b>	<b>Date Officer Recieved Form:</b>
<p><b>In Order to Ensure the Continuous Safety and Health of the Members of the Allentown Fire Department, Please Respond to This Request in Writing Within Twenty - Four (24) Hours.</b></p>	