## U.S. Department of Energy Request for Investigation or Inspection of Safety or Classified Information Security Violations

This form is provided for use by any U.S. Department of Energy (DOE) contractor employee or representative thereof who (1) believes that a violation of a DOE safety regulation or DOE classified information security regulation or requirement has occurred and (2) requests that the DOE Office of Enforcement and Oversight initiate an inspection or investigation into the violation. This form is not intended for use in filing complaints that do not involve a violation of DOE regulations. Please be advised that information in your request, except your name and other identifying information about you if you have indicated below that your request is to remain anonymous or confidential, will be provided to the appropriate DOE Headquarters and field office organizations as their cooperation will be needed in evaluating the request.

you if you have indicated below that your request is to remain anonymous or confidential, will be provided to the appropriate DOE Headquarters and field office organizations as their cooperation will be needed in evaluating the request.  DO NOT use this form to report an emergency or immediately life-threatening condition.							
DO NOT include any classified information.							
1. DOE Site:							
2. I am an (check one):  Employee Representative of Employees							
3. I work for/represent:							
4. Is your request related to your employer 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:  7. On what date did the violation or condition become known?							
One-Time Recurring Ongoing							
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. Attach additional sheets necessary and/or provide any relevant supporting documentation.							

9. I may h	f possible, identify the specific DOE safety ave been violated.	regulation, DOE classified information secu	rity regulation/requirement, and/or company procedures that			
10. C	id you observe the condition or violation yo	ourself?				
If you did not observe the condition or violation, how did you find out about it?						
11. \	Where else have you reported the condition	on or violation?				
	Immediate Supervisor	Company Safety Representative	Company Security Representative			
	Company Employee Concerns Program		DOE Employee Concerns Program			
	Nowhere	Other (Specify)				
	escribe the results of efforts to resolve this ocumentation that may be available for revi		mechanisms. Provide or reference any supporting			

40. Oalest as setting (reduced liver as well (checked))								
13. Select an option for handling your request (check one):								
I wish to remain anonymous. I understand that this may limit DOE's ability to fully investigate the issue identified and I will not be notified of the outcome from my request.								
I do not want my name to be revealed but the Office of Enforcement and Oversight may communicate with me regarding my request. My identity will be protected from all persons except Office of Enforcement and Oversight staff who have a need to know (please provide contact information below).								
My name may be revealed during communications about my request (please provide contact information below).								
14. Name:								
Job Title:								
Address:								
_	(St	reet)						
	(City, Stat	re, Zip Code)		-				
15. Telephone	Number:	16. E-mail Address:		17. Date:				
18. Preferred n	nethod of contact (check one):			I				
	Mail	E-mail	Telephone					
Mail this form to:  Office of Enforcement and Oversight HS-40/Germantown Building Attn: Docket Clerk U.S. Department of Energy 1000 Independence Avenue, S.W. Washington, DC 20585-1290  Or fax it to: (301) 903-3560								
FOR DOE USE ONLY (Do not write in this section)								
Date Received: Request Number:								