

# CIRAS REPORT FORM

**Do you have concerns about the safety of your working environment or conditions?  
Have you witnessed a safety critical incident?**

If so, please use the space below to report the issue or event of concern. The information you provide will be treated as confidential. We ask you to provide your name and contact details so that a CIRAS researcher can get in touch to discuss your report. Once your report is processed, your report form will be destroyed. CIRAS has NEVER compromised on confidentiality.

Detach here



Fold here

Name:

Home phone number:

Job title:

Home address:

Company:

Convenient time to call:

Fold here and moisten inside to seal

**CONFIDENTIAL**

**Postage  
Paid**

# **FREEPOST CIRAS**