



WHS REPORT FORM

Please email this form marked as urgent to operations@rarekind.com.au with WHS Report Form in the subject line.

To: Work Health & Safety Coordinator

Employee Name: _____

Client Site / Division: _____

Date: _____

Reason for Report:	Safety Concern	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>
	Injury	<input type="checkbox"/>	Incident	<input type="checkbox"/>
	Other	<input type="checkbox"/>		

Please provide a brief description of your concern:

Have you reported the concern to your Consultant / Supervisor / Manager? Yes No

If yes, please complete the following: Who did you report it to?

How did you report it?	Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
	Verbally	<input type="checkbox"/>	This form	<input type="checkbox"/>
	Other	<input type="checkbox"/>		

Newcastle

02 4935 3500

14 Honeysuckle Dr
Newcastle NSW 2300

Western Sydney

02 4725 6800

The Henry, Shop 1/91
Lord Sheffield Cct
Penrith NSW 2750

Central Coast

02 4356 4300

3 Amy Ct
Wyong NSW 2259

Brisbane

07 3607 2700

223 Leichhardt St
Spring Hill QLD 4000

Date Reported:

Outcome:

Do you have any recommendations on how this should be actioned?

Thank you for this information.

Rarekind is committed to your safety and will assess the concern you have identified. A Work Health & Safety Coordinator will contact you throughout the resolution process.