

COVID-19 Health and Safety Conditions Complaint Form

*(Please answer fully all questions that apply. Personal information **need not be included** as long as the station house is correctly identified. If you have any questions please contact the General Counsel's Office, at (212) 298-9144).*

1. Full Name (optional): _____
Contact Number: _____

2. Station House/Command: _____

3. Delegates' Names: _____

4. Please check off all violations that you believe may be present at this site:

- Inability to obtain COVID-19 test.
- Failure to provide N95 respirators.
- Failure to provide surgical masks.
- Failure to provide disposable gloves.
- Failure to provide other personal protective equipment (please specify: _____).
- Inadequate procedures for disposal of contaminated personal protective equipment.
- Improper instruction not to don personal protective equipment.
- Failure to provide hand sanitizer.
- Failure to provide sanitary items, such as towels and soap.
- Lack of hot water in bathrooms/showers.
- Failure to provide disinfectant cleaning products.
- Unsanitary auto or facility conditions (e.g., insufficient cleaning and disinfecting of common areas and surfaces).
- Insufficient restrictions on access by the general public to NYPD facilities.
- Denial of line of duty application.

- Return to service prematurely, while symptomatic, or without a reasonable isolation period after close contact with individual infected with or potentially infected with COVID-19.
- Failure to accommodate or limit exposure to a pregnant member.
- Failure to accommodate or limit exposure to a member with preexisting health conditions.
- Other.

If you have checked "Other", please explain specifically the complained of condition:

5. Have these conditions previously been brought to the attention of a ranking officer?

Yes No

If so, who? _____

6. Has anything been done to alleviate these conditions?

Yes No