**Asbestos Reporting Form**

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| When did it happen? | *DD/MM/YYYY* |
| Where did it happen? | *Door number**Building Name/Street**Post Code* |
| What happened? | *Give a brief description of what happened or what you are worried about.* |
| Were any contractors involved? | Yes / No |
| What is the company name and what were they doing? |  |
| Do you want to give your details? | Yes / No |
|  | *Your name**Door number**Building Name/Street**Post Code**Your phone number**Your email address* |

Once completed, please send the form to our Property Safety team at propertysafety@hexagon.org.uk.