



MNSHA Statement of Concern and Request For Action
All submissions will be discussed by Policy Council

1. State, as briefly as possible, the concern you wish to address:
2. List reasons that action or a policy is needed:
3. List recommended actions:
4. List advantages of the recommended action:
5. List disadvantages of the recommended action, including monetary impact:

The Policy Council Chair requires your name and contact information to respond to these concerns. If you wish to remain anonymous to other Policy Council members, please check below. Submit your completed form to office@msha.net.

Please keep my name confidential

Submitted By: _____

Date: _____

Address: _____

Phone: _____

Email: _____