Technical Assistance Request Form

Requester Contact Information

Name _____________________________________________________
Title ______________________________________________________
Telephone __________________________________
E-Mail Address: ______________________________

What is the best method to contact you to discuss your request?
☐ E-Mail
☐ Telephone

What type of Technical Assistance do you think will help you address this need or concern?
☐ On-Site
☐ Off-Site
☐ Not Sure

Please describe your technical assistance issue or concern:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Previous efforts made to address issue?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What are the desired outcomes of this technical assistance?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Submit to:
Cornell University ILR
Workplace Health & Safety Programs
237 Main Street, Ste. 1200
Buffalo, NY 14203-2719
P. (716) 852-4191 | F. (716) 852-3802 | E. njb7@cornell.edu