



Safety Concern Form

Concern registered by: Phone Letter In Person

Name: _____ Phone: _____

Address: _____

Date: _____ Time: _____

Received by: _____ Referred to: *Risk Manager, Mary Pellico*

Nature of Safety Concern: (Please be complete- give place, date, circumstances, etc.)

Disposition of Safety Concern

Action Taken: Issue being addressed (Please explain how) No Action (Please explain reason)

Explanation: _____

Date completed: _____ Signed by: _____

Complainant notified of disposition: _____ Yes Phone Letter In Person
_____ No

Reviewed by Department Head/Executive Director: _____

