

HASD Safety Committee Concern Form

School Name: _____ Phone Number: _____

Date Filed: _____ Department / Teacher: _____

Safety Committee Representative: _____

Description of Concern / Problem:

Reason for Complaint:

1. Seeking new or upgraded equipment
2. Training Requested:
3. No response necessary : For Information Only
4. Immediate Attention :
5. Other:

Date received:

Date Problem resolved:

Concern addressed by: _____

Action Taken: