

# Jordan Public Schools

## Safety Concern Form

Building: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
Department/Area: \_\_\_\_\_ Name (optional): \_\_\_\_\_

Safety Concern(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Return Form to the District Office**  
(It will be reviewed at the next scheduled Safety Committee Meeting)

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↓ For Safety Committee Use Only ↓

Response: \_\_\_\_\_ Verbal \_\_\_\_\_ Written \_\_\_\_\_ Date Received: \_\_\_\_\_  
\_\_\_\_\_ Immediate Response

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Committee Chairperson Date Date Returned to Employee: \_\_\_\_\_