



Safety Suggestion Form

Please use this form to provide safety suggestions or to report suspected unsafe conditions in the work environment. Safety is our responsibility!

Date: _____

Description of potentially unsafe condition: _____

Causes or contributing factors: _____

Your suggestion for improving safety: _____

Has this issue been reported to a supervisor? ___ Yes ___ No

If yes, please provide the supervisor's name: _____

Employee Name & Campus/Department (Optional): _____

Human Resources Division
Juana Gutierrez
Workers' Compensation Coordinator
P.O. Box 100
Canutillo, TX 79835
(915)877-7428
jgutierrez@canutillo-isd.org