

## REPORT A SAFETY CONCERN/HAZARD FORM

Name of person reporting safety concern/hazard:	
Title of person reporting safety concern/hazard:	
Email of person reporting safety concern/hazard:	
Phone number of person reporting safety concern/hazard:	
Site:	
Principal/Supervisor:	
Date of reported concern/hazard:	
Specific Location of safety concern/hazard:	
Description of safety hazard concern – Please be as detailed as possible.	
Does the safety concern/hazard pose an immediate danger? If yes, contact your supervisor/principal immediately.	<b>Yes</b> <b>No</b>

All unsafe conditions are to be reported to the employee's immediate supervisor and principal if safety concern/hazard is located at a school site.

All unsafe conditions should also be reported to Tom Ledda, SMCSIG Manager of Worker's Compensation and Loss Control and Linda Carlton, SMUHSD, Director of Facilities

Tom Ledda

[tledda@smcsig.org](mailto:tledda@smcsig.org)

Linda Carlton

[lcarlton@smuhsd.org](mailto:lcarlton@smuhsd.org)