



**Redlands Unified School District**  
**Report of Safety Condition/Concern**

Site: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_  
(Name of individual submitting report)

To: \_\_\_\_\_  
(Individual's immediate supervisor)

Brief summary of safety condition concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_



Response/Resolution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_