



# Redlands Unified School District

## Report of Safety Condition/Concern Form

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

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

From: \_\_\_\_\_

To: \_\_\_\_\_

(Name of Individual Submitting the Report)

(Individual's Immediate Supervisor/Designee)

Brief Summary of Safety Condition/Concern:

Signature \_\_\_\_\_

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

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

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Safety Condition/Concern Committee Response/Resolution:

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

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