

Pittsford Central School District

Health and Safety Concern Form

Please complete this form if you have identified a health and/or safety concern on school grounds. Your observations can help to resolve health and/or safety problems as quickly as possible.

1. Complete the Top portion of the form.
2. Submit to your building principal or supervisor.
3. Keep a copy for your records.

Name _____ Date _____

Building _____ Title _____ Phone _____

This form was completed by: Employee Student Parent

Please use the space below to describe the concern and any potential causes.

What is the issue/problem?

Have you taken any steps to address this issue?

To Be Completed By Building Administrator

Name _____ Title _____ Date Received _____

Send copy to the District Health and Safety Chair AND Building Health and Safety Representative (AND check all that apply below)

Maintenance (Building) Maintenance (District) School Nurse
 PDTA Health and Safety Chair (Building) Other _____

Date	Action Taken	Result

Final Resolution _____

Date Resolution Shared with Complainant _____

Date Resolution sent to District Health and Safety Chair _____