

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 _____