



Safety Committee Referral Form

Name: _____

Date Level IA or 1B: _____

School/Building/Grounds Area: _____

Date Level II: _____

- Level IA—Building Administrator/Building Maintenance:** This issue relates to a specific building-wide issue or its grounds.
- Level IB—Other: Superintendent/Head Maintenance/Custodian:** This issue relates to a District-wide issue.
- Level II: District Safety Committee:** This issue was not/could not be remedied at either Level IA or Level IB; thus I am forwarding it to the District Safety Committee.

Describe your concern in detail (who, what, where, when, why, and how). Attach additional pages if necessary.

Committee Response:
