

**CAMPUS SAFETY
SUGGESTION FORM**



No: _____

INSTRUCTIONS

Suggested by: _____

Signature: _____

Date: _____ Department: _____

*Name not mandatory unless direct response is requested.

Please type or print any suggestions/concerns that may improve campus safety and prevent illnesses or injuries from occurring. This form is for non-emergency issues and should be given to your Safety Committee Representative, Supervisor, or Physical Plant. The safety Committee will review and respond accordingly.

DESCRIPTION OF SAFETY ISSUE:	YOUR SUGGESTED SOLUTION:	Written Response form safety Committee Requested? Yes No
		ACTION TAKEN

Initially Received by: _____ Date: _____

Safety Committee Review Date: _____