

This form should be used for only those issues that have not been satisfactorily resolved through the building head custodian and your immediate supervisor (typically the building principal).

Auburn Health and Safety Related Complaint

Name _____ Date discussed with supervisor _____
(For employees only) Date discussed with head custodian _____
Time of occurrence _____ Phone _____
Building _____ Location _____
Relationship (circle one): Administrator / Parent or Community member/ Teacher /
Paraprofessional / Custodian or Maintenance / Nurse / Other: _____

What is the best time to reach you to discuss this? _____
Nature of Complaint: (Include a brief description. Be as specific as possible!)

For Health and Safety Advisory Team use only

Date Received _____ Rec'd by _____
Methods used to verify the substance of the complaint: _____

Results of any methods used (i.e. tests or inspections) which address the complaint

Actions taken or being taken to solve the problem: _____

Date resolved: _____