



Safety Concern Report Form

Date	Location of Concern	
Reporter's Name	Telephone Number	
Email Address:		
Detailed Description of Concern		
Building Maintenance -		
Parking Lot -		
Safety Issue -		
OFFICE USE ONLY:		
Assigned To:	Date Completed:	Completed By:
Action Taken:		

PLEASE RETURN FORM TO SAFE SANCTUARY'S BOX ACROSS FROM CHURCH OFFICE