

Community Action Team
Safety Committee Referral Form

The purpose of this form will be to refer any safety concerns to Community Action Team Safety Committee.

Please fill out the form with as many details as possible. Please include any additional attachments you feel are needed to explain the issue. Your name is NOT required.

When the form is complete please return it to any Safety Committee member. (See Committee Roster for a complete set of Committee Member names)

Your Name: _____

Date: _____

Location: _____

Safety Concern:
