Safety and Health
Complaint Intake Form
(212) 701-9407

Member Name: ___________________________________________

School/Site and District: _______________ Phone: ______________

Chapter Leader’s name: ____________________________________

Borough: _______________ Date: ___________ Time: ____________

Describe in detail the problem - include location(s) and room(s) number(s)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Are there any similar problems in the building?  If yes describe as above:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Has the chapter leader been notified?   □ Yes  □ No

Did the chapter leader or you notify the principal?  □ Yes  □ No

Did the chapter leader notify the DR?  □ Yes  □ No

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Action Taken: ___________________     Follow Up: ___________________

Message Taken by: ___________________________