LSC Safety Complaint Form

Name of Submitter: (Please Print) _____

Department: _____

Contact Email: _____

Contact Phone: _____

Nature of Complaint: (Please include as many details as possible; location, date, time, and any photos taken should be submitted with this form)

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*Please use other side if needed

*Submit forms to: Lake Superior College Safety Office
Wade Gordon
w.gordon@lsc.edu
Office W1628
218-733-7656

Signature: _____Date: _____