

## 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

Marissa Johnsen

[marissa.johnsen@lsc.edu](mailto:marissa.johnsen@lsc.edu)

Office W1628

218-733-1057

Signature: \_\_\_\_\_ Date: \_\_\_\_\_