



**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: \_\_\_\_\_