

**Saint Vincent de Paul  
School Safety Concern Form  
2013-14**

**Name of person reporting concern:** \_\_\_\_\_

**Date reporting concern:** \_\_\_\_\_

**Location of concern:** \_\_\_\_\_

**Date and time of occurrence or observation:** \_\_\_\_\_

**What was happening at the time?** \_\_\_\_\_

**Who was involved?** \_\_\_\_\_

**Concern details (please attach photo or diagram if possible):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Date concern received: \_\_\_\_\_

Concern reviewed by: \_\_\_\_\_

Concern shared with: \_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Safety recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Communication: \_\_\_\_\_

\_\_\_\_\_

Administrative Use Only