



Safety Concern

Use this form to report non-emergency health and safety concerns to the safety committee

Medford Office

Administration
Business Services
School Improvement
Technology & Media
101 North Grape Street
Medford, Oregon 97501
(541) 776-8590
Fax (541) 779-2018

Phoenix Office

Special Education
Migrant Ed/ELL
5465 S. Pacific Hwy.
Phoenix, OR 97535
(541) 776-8555
Fax (541) 535-2460

Grants Pass Office

Special Education
409 N.W. 3rd
Grants Pass, OR 97526
(541) 479-5135
Fax (541) 472-0054

Early Childhood Services

Gilbert Creek Child Dev. Ctr.
1021 N.W. Highland
Grants Pass, OR 97526
(541) 956-2059
Fax (541) 956-1704

Klamath Falls Office

Special Education
Career & Technical Ed
Migrant Ed/ELL
2685 Foothills Blvd.
Klamath Falls, OR 97603
(541) 850-1138
Fax (541) 850-1140

Name: _____

Department: _____

Phone: _____

Email: _____

Date of Incident or Finding: _____

Time of Incident or Finding: _____

Where (be specific):

What is the concern?

What changes do you recommend to correct the concern?

For Committee Use:

Person assigned to respond: _____

Action taken:

Date Committee Reviewed: _____

Submit completed form to Howard George, SOESD Business Manager and Safety Officer.