

**REPORT OF SAFETY CONCERN/RECOMMENDATION  
GENESE0 COMMUNITY UNIT SCHOOL DISTRICT #228**

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**REPORT INFORMATION:**

Date problem occurred \_\_\_\_\_ Time \_\_\_\_\_ Personally Observed \_\_\_ Yes \_\_\_ No

Location \_\_\_\_\_

- General area of concern:
- |  |  |
|--|--|
| <input type="checkbox"/> Busing        | <input type="checkbox"/> Traffic         |
| <input type="checkbox"/> Classroom     | <input type="checkbox"/> Playground      |
| <input type="checkbox"/> Pedestrian    | <input type="checkbox"/> Extracurricular |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Other _____     |

**SAFETY CONCERN:** Please give a brief description of a concern or incident you observed. BE SPECIFIC. (i.e. who, what, where, when, why, and how) Use the back of the paper if you need more space.

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Has this been reported? \_\_\_ Yes \_\_\_ No To Whom: \_\_\_\_\_

Other comments or recommendations:  
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\_\_\_\_\_  
\_\_\_\_\_

**RETURN TO ANY BUILDING PRINCIPAL**  
**Or to : Geneseo District #228**  
**209 S. College Avenue**  
**Geneseo, IL 61254**

\_\_\_\_\_  
**Signature**

