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
Tammy Wilman
Email: tammy.wilman@lsc.edu
Office: M131
Phone: 218-733-6906

Signature: _____Date:_____