Penn-Harris-Madison School Corporation

SAFETY SUGGESTION

Safety Suggestion (please describe in detail): _____

_____
_____
_____
_____
_____
_____

What school or department (s) will be most affected by your suggestion?

_____

How will your suggestion improve student or employee safety?

_____
_____

Please list products, items, etc. that may be necessary to implement your suggestion:

_____
_____

NOTE: All suggestions will be reviewed and considered within the scope of our school safety plans. We appreciate your input.

☐ **Name:** _____ **Date:** _____

Permission to print my name: _____ Yes _____ No

Please return this form to Mike Seger, Director of Safety and Student Services, Educational Serices Center, 55900 Bittersweet Road, Mishawaka, Indiana 46545. #574-258-9551

mseger@phm.k12.in.us