



## Community Safety Concern Form

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Location of safety concern (be as specific as possible): \_\_\_\_\_

Details of Safety Concern: (attach another page if necessary)

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Do you have any suggested solutions?

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How can we best contact you for more information and to follow up with updates?

\_\_\_\_\_ By phone at \_\_\_\_\_

\_\_\_\_\_ By email at \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Once completed please submit to the Director of Administration by dropping off at the Band Administration Office reception desk or by email to [afrancis@glooscapfirstnation.com](mailto:afrancis@glooscapfirstnation.com).*

For Office use:

Date Community Safety Concern form was received: \_\_\_\_\_

Is more information required? YES NO Action: \_\_\_\_\_

Can DOA mitigate the safety concern? YES NO

If no, what are the next steps:

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

Details of solution: \_\_\_\_\_

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

Date the safety concern was resolved/mitigated: \_\_\_\_\_

Comments / Notes:

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

**Date community member whom submitted the concern was updated:** \_\_\_\_\_

*\*Community member must be updated at least once every 30 days\**

\_\_\_\_\_  
Signature – DOA

\_\_\_\_\_  
Date

**\*\*Please retain on file for no less than ten (10) years from the date the form was received. \*\***