



Anaheim Union High School District
Risk Management & Insurance
Anonymous Report

Revised: August 2020

Date of Report: _____ Date/Time Unsafe Condition Discovered: _____

Site Name: _____

Specific Location: _____

Specific Concern: _____

How was the unsafe condition discovered?: _____

Was there an injury/illness as a result of this unsafe condition?

☐

YES

☐

NO

☐

N/A

If injury/illness occurred, list the name of the injured person: _____

District Employee Previously Notified (if applicable): _____

If applicable, list the date(s) the unsafe condition was previously reported: _____

This form may be submitted to: Director of Risk Management and Insurance, Mail Stop #77 or Faxed to 714.520.5741 along with any photos or other supplemental information.

For District Use Only

Date Report Received: _____ Date Inspection Occurred: _____

District Employee(s) Conducting Inspection: _____

Proposed Work to Correct Condition (if necessary): _____

Work Order Number (if applicable): _____