 **SECURITY CONCERNS/SUGGESTIONS**

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| **SUBMITTING INDIVIDUAL** |

Name:       Date:

Facility:

**Category:**

[ ]  Technology [ ]  Employee/contract staff/volunteer

[ ]  Physical plant [ ]  Policy/Operational Memorandum procedure

**Concern/suggestion:**

|  |
| --- |
| **LOCAL SECURITY ADVISORY COMMITTEE** |

Received:       Meeting date:

[ ]  Facility matter and may be resolved with available resources

[ ]  May have statewide impact and is being forwarded to the Statewide Security Advisory Committee

**Comments/resolution:**

Final action date:

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.**

Distribution: **ORIGINAL** - Local Security Specialist**,** Local Security Advisory Committee