

## **SECURITY CONCERNS/SUGGESTIONS**

SUBMITTING INDIVIDUAL		
Name:		Date:
Facility:		
Category:		
☐ Technology	☐ Employee/contract staff/volunteer	
☐ Physical plant	□ Policy/Operational Memorandum proc	edure
Concern/suggestion:		
	LOCAL SECURITY ADVISORY COMM	ITTEE
Received:	Meeting date:	
☐ Facility matter and may be resolved with available resources		
☐ May have statewide	impact and is being forwarded to the Statew	ride Security Advisory Committee
Comments/resolution:		
Final action date:		
	ay be eligible for public disclosure. Social Security Numbers ch a request. This form is governed by Executive Order 16-0 n category may change.	

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