

ZEN CENTER OF LOS ANGELES

REPAIR AND SAFETY REQUEST

Please fill out this form and send it back to Jifu@zcla.org

YOUR NAME:

YOUR TELEPHONE NUMBER(S):

DATE:

LOCATION OF REPAIR/SAFETY:

PROBLEM:

DESCRIPTION OF PROBLEM:

WHAT WOULD YOU CONSIDER A SUCCESSFUL RESOLUTION OF THIS PROBLEM/HOW CAN THIS PROBLEM BE AVOIDED:

ON A SCALE OF 1 (least) TO 10 (most), HOW URGENT DO YOU CONSIDER THIS PROBLEM, AND WHY:

1 2 3 4 5 6 7 8 9 10

ZCLA OPERATIONS STEWARD

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