

UPCS Notice of Concern to DCA - Windshield Inspection

Date: _____ **GA ID** _____ **Community Name** _____

The following MAJOR health and safety violations were observed at your community.

Major Violations:

Comments:

Print Name

Signature

Date

Consultant Name

Consultant:

Include copy of this form in the report.

The Georgia Department of Community Affairs is committed to providing all persons with equal access to its services, programs, activities, education and employment regardless to race, color, national origin, religion, age, sex, familial status, marital status or disability.

