

**BACKGROUND INFORMATION**

The indoor air quality complaint is the first step in a potential three-phase process. Step one involves reporting a concern. Step two requires Building Services staff to complete the building services indoor air quality checklist in the area of concern. Step three involves an investigation by Environmental Safety/IAQ and support personnel when appropriate.

**INSTRUCTIONS:** Complete this form if you believe you have been affected by an indoor air quality problem in your classroom or work place and submit it to your principal/supervisor. The principal/supervisor will return the completed form to you within three (3) working days regarding the area of concern.

Name of person reporting problem \_\_\_\_\_ Job title \_\_\_\_\_

Work/School/Facility \_\_\_\_\_ Location (specify room) \_\_\_\_\_

Name of principal or supervisor \_\_\_\_\_ Date of this request \_\_\_\_/\_\_\_\_/\_\_\_\_

Briefly describe the problem(s) you are experiencing: \_\_\_\_\_

When did your symptoms start? \_\_\_\_\_

Where? \_\_\_\_\_

When are they generally worse? \_\_\_\_\_

Where? \_\_\_\_\_

Do they go away?  Yes  No If so, when? \_\_\_\_\_

Where? \_\_\_\_\_

Do you have any health conditions that make you particularly susceptible to environmental problems (e.g., contact lenses, allergies, asthma)?

If yes, have you sought medical attention and/or taken medications (daily, weekly, monthly) for this/these conditions?

Have you observed building conditions that might need attention or might help explain your symptoms?

Do you have any other comments? \_\_\_\_\_

**ACTION TAKEN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature, Principal/Supervisor*

\_\_\_\_\_  
*Date Returned*