



# INDOOR AIR QUALITY CONCERN FORM

This form is to be filled out when a building occupant is experiencing health symptoms possibly related to the indoor environment at a District facility.

Name: \_\_\_\_\_  
(Person(s) affected)

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Date and Time of Concern)

School: \_\_\_\_\_ Room #/Location: \_\_\_\_\_

Length of time in School/Room #: \_\_\_\_\_ (years in this location)

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## NATURE OF CONCERN

Please be specific. Include symptoms, length of time symptoms experienced, whether symptoms decrease when not in building, if symptoms have increased or decreased over the past 2 years.

Have you been to a doctor? If so, what is the doctor's name, the diagnoses, and if symptoms have been/can be resolved, how?

Completed by: \_\_\_\_\_

Site IAQ Coordinator's Signature: \_\_\_\_\_

Building Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_