

LINDENWOLD PUBLIC SCHOOLS
FACILITIES DEPARTMENT

INDOOR AIR QUALITY (IAQ) COMPLAINT FORM

Prior to the initial investigation of an Indoor Air Quality (IAQ) concern, this form must be completed and signed by the room occupant and submitted to the Facilities Department.

Occupant(s): _____ Date: _____

Building: _____ Room/area: _____

Completed by: _____ (Print Name) _____ (Signature)

Title: _____ Phone: _____

This form shall be used to record a complaint that may be related to indoor air quality. Indoor air quality problems include concerns with temperature control, ventilation, humidity levels, and air pollutants. Your observation(s) can help to resolve the problem(s) as quickly as possible. Please use the space below to describe the nature of the complaint, its effects, and any potential causes. Attach any additional information which will assist in the investigation of this matter.

We may need to contact you to discuss your complaint. What is the best time to reach you? _____

So that we can respond promptly, please return this form via interoffice mail to:

Director
Facilities Department

OFFICE USE ONLY

R/O #: _____ Received By: _____ Date Received: _____