



Indoor Air Quality Complaint Form



This form must be completed by the complainant and submitted to the school office or the district office. ALL fields are required for processing. Please print legibly.

To maintain HIPPA compliance, any medical condition or protected information must be documented and coordinated through the nurse's office.

Date Submitted: _____

First Name: _____ Last Name: _____

Address: _____

City, State, Zip Code: _____

Preferred Phone Number: _____

Email: _____

Location of Concern

Building: _____

Room Name/Number: _____

Location Within Room: _____

Description of Concern

This form should be used if your complaint may be related to indoor air quality within the Indian River School District facilities. Indoor air quality problems include concerns with temperature control, ventilation, and air pollutants. Your observations can help to resolve the problem as quickly as possible. Please use the space below to describe the nature of the complaint and any potential causes.

OFFICE USE ONLY

Received By: _____ Date Received: _____

Status/Reply: _____