Indoor Air Quality Complaint Form

This form must be completed by the complainant and submitted to the Supervisor of Buildings & Grounds.

– 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 HUMAN RESOURCE OFFICE.

First Name:

Last Name:

Address 1:

Address 2:

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 a Capital School District facility. 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.

SUBMIT