

Appendix B
Indoor Environmental Quality (IEQ) Concern Form

General Information			Date:
Name:		Email Address:	
Address:			Phone:
Staff	Student	Parent	Other
Simple Issue	Moderate Concern	Urgent Concern	Immediate Concern
Building of Concern:		Type of Concern:	
Describe IEQ Concern – Attach any supporting documentation			
IEQ Coordinator's Use Only Attach all other pertinent documentation			
Date Recorded:		Person assigned to investigate:	
Date Investigation Began:		Date Investigation Complete:	
Result of Investigation			
Clean up, Remediation, or Other Work Necessary: ___ No ___ Yes		Person Assigned:	
Date Work Begun:		Date Work Complete:	
Follow Up Contact Made: ___ No ___ Yes, Date of follow up:			