

Appendix A

Indoor Environmental Quality (IEQ) Concern Record

Date Mo./Day/Yr.

GENERAL INFORMATION

Name First, Last

Email Address

Phone Area Code/No.

Street Address

City

State

ZIP

Status in Filing Concern *Check One*

☐

Staff

☐

Student

☐

Parent

☐

Member of Public

ENVIRONMENTAL QUALITY CONCERN

District Building of Concern

Describe IEQ Concern *Limit response to space provided.*

IEQ COORDINATOR'S USE ONLY

Attach all other pertinent documentation.

Date Recorded
Mo./Day/Yr.

Date Investigation Begun
Mo./Day/Yr.

Date Investigation Complete
Mo./Day/Yr.

Person Assigned to Investigate

Result of Investigation

Clean-up, Remediation, or Other Work Necessary

☐

Yes

☐

No

Person Assigned First & Last Name

Date Work Begun Mo./Day/Yr.

Date Work Complete Mo./Day/Yr.

Follow-Up Contact Made

☐

No

☐

Yes, Date of follow-up