

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 <i>Check One</i> <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> 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 <i>Mo./Day/Yr.</i>	Date Investigation Begun <i>Mo./Day/Yr.</i>	Date Investigation Complete <i>Mo./Day/Yr.</i>	Person Assigned to Investigate
Result of Investigation			
Clean-up, Remediation, or Other Work Necessary <input type="checkbox"/> Yes <input type="checkbox"/> No		Person Assigned First & Last Name	
Date Work Begun <i>Mo./Day/Yr.</i>	Date Work Complete <i>Mo./Day/Yr.</i>	Follow-Up Contact Made <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Date of follow-up</i>	