

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> | |