

Indoor Environmental Quality (IEQ) Concern Record			
			Date <i>Mo./Day/Yr.</i>
GENERAL INFORMATION			
Name <i>First & Last Name</i>	Email Address		Phone <i>Area Code/No.</i>
Street Address	City	State	ZIP Code
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 <i>Limit response to space provided.</i>			
IEQ COORDINATOR'S USE ONLY			
<i>Attach all other pertinent documentation.</i>			
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		Person Assigned <i>First & Last Name</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Work Begun <i>Mo/Day/Yr.</i>	Date Work Completed <i>Mo./Day/Yr.</i>	Follow-Up Contact Made	
		<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Date of Follow-up</i>	