
Indoor Air Quality Investigation Form

This form can be filled out by the building occupant or by a member of the building staff.

Name: _____ Date: _____

Dept/Building, room #: _____ Phone: _____

Completed by: _____

This form should be used if your complaint may be related to indoor air quality. Indoor air quality problems include concerns with temperature control, ventilation, and air pollutants. Your observations can help to resolve the problem as quickly as possible. Please use the space below to describe the nature of the complaint and any potential causes.

We may need to contact you to discuss your complaint. What is the best time to reach you? _____

Please return this form to:

Michi Dubes
Emergency Preparedness Manager & Safety Specialist
Parking Garage, 132

OFFICE USE ONLY

Received by: _____

Date Received: _____