
Indoor Air Quality Concern Form

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

Occupant Name: _____ Date: _____

Department/Location in Building: _____ Phone: _____

Completed by: _____ Title: _____ Phone: _____

This form should be used if your concern 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? _____

So that we can respond promptly, please return this form to: _____

IAQ Manager or Contact Person

Room, Building, Mail Code

OFFICE USE ONLY

File Number: _____ Received By: _____ Date Received: _____

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Building Name: _____ File Number: _____

Address: _____

Occupant Name: _____ Work Location: _____

Completed by: _____ Title: _____ Date: _____

Section 4 discusses collecting and interpreting information from occupants.

SYMPTOM PATTERNS

What kind of symptoms or discomfort are you experiencing?

Are you aware of other people with similar symptoms or concerns? Yes _____ No _____

If so, what are their names and locations? _____

Do you have any health conditions that may make you particularly susceptible to environmental problems?

contact lenses	chronic cardiovascular disease	undergoing chemotherapy or radiation therapy
allergies	chronic respiratory disease	immune system suppressed by disease or other causes
	chronic neurological problems	

TIMING PATTERNS

When did your symptoms start?

When are they generally worst?

Do they go away? If so, when?

Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

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SPATIAL PATTERNS

Where are you when you experience symptoms or discomfort?

Where do you spend most of your time in the building?

ADDITIONAL INFORMATION

Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?

Have you sought medical attention for your symptoms?

Do you have any other comments?

