



**IEQ Concern Form**

School Facilities  
IEQ Coordinator

Instructions: Complete this form if you believe that you have a concern about the indoor environmental quality of a HCPSS building or facility. The form is to be submitted to the HCPSS IEQ Coordinator. You will be contacted within 5 working days regarding your concern.

Name of person completing the form: \_\_\_\_\_ Date of this request: \_\_\_\_\_

Student  Staff  Parent  Visitor

Contact information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Building/Facility: \_\_\_\_\_ Location (specific room or area) \_\_\_\_\_

Briefly describe the concern or problem. Have you attached a photo?  Date of photo: \_\_\_\_\_

When did you notice the problem: \_\_\_\_\_

\_\_\_\_\_

Action taken by HCPSS:

Name / Signature of the HCPSS person responding: \_\_\_\_\_