



# Indoor Air Quality Complaint Form



This form must be completed by the complainant and submitted to the Laurel School District.

– ALL fields are required for processing. Please print legibly.

\*To maintain HIPPA compliance, any medical condition or protected information must be documented and coordinated through the Human Resources department.

Date Submitted: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Location of Concern

Building: \_\_\_\_\_

Room Name/Number: \_\_\_\_\_

Location Within Room: \_\_\_\_\_

### Description of Concern

\*This form should be used if your complaint may be related to indoor air quality within the Laurel School District facilities. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Status/Reply: \_\_\_\_\_