INDOOR AIR COMPLAINT FORM

Name: __________________________ Date: __________________________

School Name: ______________________________________________________

Room Number: _________ Date/s of Symptoms: __________________________

Symptoms: _______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Timing: When did symptoms start, and what has helped symptoms to become better or worse?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Has this been reported to administration? Y or N

Have you been seen by a Doctor? Y or N