

Date submitted _____

**CHAUTAUQUA LAKE CENTRAL SCHOOL
Indoor Air Quality Concern Report Form**

To report an Indoor Air Quality concern, please complete this form in its entirety. Upon completion, it should be turned in to the IAQ Chairperson in care of the District Office. Your concern will be acknowledged within five (5) working days of receipt. ***Please retain a copy for your records.***

Name: _____ Phone Number or Classroom extension _____

Mailing Address: _____

Staff Parent Other _____

Exact location of concern: _____

Any particular time or day? _____

Describe in detail your concern: _____

List names of others who may be affected: _____

By completion of this form you should be aware that you may be interviewed by an IAQ committee member to assess your concern so a response plan can be developed. An interview summary form will be used during this investigation.

FOR OFFICE USE ONLY (THIS LOWER SECTION TO BE COMPLETED BY IAQ COMMITTEE)

Received by

Acknowledged

Reported to Committee

No further action recommended

Action taken _____

Referred to:
(date)

<input type="checkbox"/> Bldg & Grounds
<input type="checkbox"/> Nurse
<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other _____
