

D2: Indoor Air Quality Complaint Form

Use this form to report related to the indoor environment in this building. Indoor air quality problems include concerns with temperature, humidity, ventilation, odors, or air pollutants that may be causing health or discomfort symptoms. The information that you provide will remain confidential.

Occupant Name _____ Date _____

Building Name _____ Address _____

Room Number/Location _____ Phone _____

Completed by _____ Title _____ Phone _____

What is the nature of the problem?

Where is the problem experienced (in one or more locations)?

When was the problem first experienced?

When does it occur or when is it the worst (time of day, day of week, related to certain activities/events)?

Other comments:

For Office Use Only