

(Revised 9/02)

SCHOOL DISTRICT OF OKALOOSA COUNTY

INDOOR AIR QUALITY COMPLAINT OR REQUEST FORM

This Indoor Air Quality Form can be completed by the occupant, member of the school district and/or guest.

Name(optional): _____

School: _____

Building #: _____ Room # _____

Reviewed/Submitted:
Principal/Director: _____ Date _____

This form should be used if your complaint or concern is related to indoor air quality. Indoor air quality problems include concerns with temperature control, ventilation, and air pollutants. This form is to be used to improve the safety and health of students and employees. Please use the space below to describe the nature of the complaint or concern and any potential causes.

PLEASE RETURN THIS FORM TO:

School District of Okaloosa County
Facilities Planning
202A North Highway 85
Niceville, Florida 32578
850/833-3143 or Fax 850/833-4205

Received by: _____ Date Received: _____

Action taken: _____

Action by: _____

Title _____ Date Completed _____

Follow-Up Signature _____

pc: School Safety Committee
Risk Management Department