

IEQ Concern Form School Facilities IEQ Coordinator

<u>Instructions</u>: Complete this form if you believe that you have a concern about the indoor environmental quality of a HCPSS building or facility. The form is to be submitted to the HCPSS IEQ Coordinator. You will be contacted within 5 working days regarding your concern.

Name of person completing the form:	Date of this request: 91916
Student Visitor Parent Visitor Phone:	en e
School Building/Facility: Wild lake 14-5-Location (sp	ecific room or area) 133- Day Core
Briefly describe the concern or problem. Have you attached a	photo? Date of photo:
Briefly describe the concern or problem. Have you attached a -Dizzing - Running Mose -light Mode - Dry Caugh. -throat how - water eyes	- breathing problems also coreann about out side the classical door and uside
- throat hour - water eyes	der and miside
When did you notice the problem: Last	TO OCCAPILLUS
	h well spate.
Action taken by HCPSS:	