

**HOWARD COUNTY**  
PUBLIC SCHOOL SYSTEM

**IEQ Concern Form**  
School Facilities  
IEQ Coordinator

Instructions: 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: Nicola Kosecki Date of this request: 9/22/16  
 Student  Staff  Parent  Visitor  
Contact information: Phone: 410-313-6965 Email: nicola-kosecki@hcpss.org  
School Building/Facility: WLHS Location (specific room or area) 222

Briefly describe the concern or problem. Have you attached a photo?  Date of photo:

UPON initial entry into ~~ROOM~~ 222, there was a strong odor, and the temperature in the room was very warm. Approximately 2 weeks late (on/about 9/6/16), I began feeling ill. Went to doctor on 9/20/16, she concluded that my symptoms were likely due to air quality at my work place. Upon returning to work, I requested my room be changed, which was granted readily. (Additional info on back.)  
When did you notice the problem: 8/22/16

\_\_\_\_\_  
Action taken by HCPSS:

Name / Signature of the HCPSS person responding: \_\_\_\_\_