

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:

Date of this request: 1/13/17

Student Staff	X Parent	Visitor	•		
Contact information: P	none:	Email:	<del>55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5</del>		
School Building/Facility	Centennial Lane Elem	Location (spec	ific room or area)	Kinder.	_
Briefly describe the con	cern or problem. H	Have you attached a pl	hoto? <u>no</u> Date o	of photo:	
My daughter comes hat school. They have out other causes than experiences & we work.  When did you notice the	been occurring fo something enviro uld like the air qua	or weeks (months?) onmental. Other CL ality and school env	and I have work LES families have ironment to be c	ed to ruled e similar hecked.	
whom are you notice in	, problem.	<u> </u>		, , , , , , , , , , , , , , , , , , ,	_
Action taken by HCPSS	: 1/17/17 1 Coordinat	IEQ form Ser tor.	nt to HCPS	S IEQ	
Name / Signature of the	HCPSS person resp	ponding: <u>HCPSS</u>	SIEQ COO	ordinatar	P : 2