

Indoor Air Quality Complaint Form

(This form must be filled out by the complainant)

Occupant Name: _____ Title: _____ Date: _____

Department/Location in Building: _____ Phone: _____

This form should be used if your complaint may be related to indoor air quality. Indoor air quality problems include concerns with temperature control, ventilation, and air pollutants. Your observations can help to resolve the problem as quickly as possible. Please use the space below to describe the nature of the complaint and any potential causes. If medical illness is thought to be related to the environment, please include the basis for that claim with a written diagnosis and recommendations from your physician.

We may need to contact you to discuss your complaint. When is the best time to reach you? _____

(So that we can respond promptly, please return this form to the building principal.)

OFFICE USE ONLY

File Number: _____ Received By: _____ Date Received: _____

Occupant Interview

First of 2 pages

Building Name: _____ File Number: _____

Address: _____

Occupant Name: _____ Work Location: _____

Completed by: _____ Title: _____ Date: _____

SYMPTOM PATTERNS

What kind of symptoms or discomfort are you experiencing?

Are you aware of other people with similar symptoms or concerns? Yes No

If so, what are their names and locations?

Do you have any health conditions that may make you particularly susceptible to environmental problems?

- contact lenses chronic cardiovascular disease undergoing chemotherapy or radiation therapy
- allergies chronic respiratory disease immune system suppressed by disease or other causes
- chronic neurological problems

TIMING PATTERNS

When did your symptoms start?

When are they generally worst? Do they go away? If so, when?

Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

Occupant Interview

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SPATIAL PATTERNS

Where are you when you experience symptoms or discomfort?

Where do you spend most of your time in the building?

ADDITIONAL INFORMATION

Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors)?

Have you sought medical attention for your symptoms?

Do you have any other comments?

Hypothesis Form

First of 2 pages

Building Name: _____ File Number: _____

Address: _____ Completed by: _____

Complaint Area (may be revised as the investigation progresses):

Complaints (e.g., summarize patterns of timing, location, number of people affected):

HVAC: Does the ventilation system appear to provide adequate outdoor air, efficiently distributed to meet occupant needs in the complaint area? If not, what problems do you see?

Is there any apparent pattern connecting the location and timing of complaints with the HVAC system layout, condition or operating schedule?

Pathways: What pathways and driving forces connect the complaint area to locations of potential sources?

Are the flows opposite to those intended in the design? _____

Sources: What potential sources have been identified in the complaint area or in locations associated with the complaint area (connected by pathways)?

Is the pattern of complaints consistent with any of these sources? _____

Hypothesis Form

Second of 2 pages

Hypothesis: Using the information you have gathered, what is your best explanation for the problem?

Hypothesis testing: How can this hypothesis be tested?

If measurements have been taken, are the measurement results consistent with this hypothesis?

Results of Hypothesis Testing:

Additional Information Needed:
