



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:
 Student Staff Parent Visitor

Date of this request: 9-19-16

Contact information: Phone: _____ Email: _____

School Building/Facility: WLHS Location (specific room or area) 133+135

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

Dizziness Running nose my breathing
light head Dry Cough Also concerns
throat hurt watery eyes about outside
last year classroom door
and inside class

When did you notice the problem: _____
there are

Action taken by HCPSS: _____
Re occurring spots.

Name / Signature of the HCPSS person responding: _____