



The University Of  
T A M P A.

---

# Indoor Air Quality Investigation Complaint Forms

---

University of Tampa Personnel

---

*Effective September 2018*

---

Revision 1.0

---

## RECORD OF AMENDMENTS

Date	Section	Amendment	Initial

When using a paper copy of this document, verify that it is the same version number as the on-line version located at <http://ut.edu/ehs>.



# Indoor Air Quality Complaint Form

This form can be filled out by the building occupant or by a member of the building staff.

Occupant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Location in Building: \_\_\_\_\_ Phone: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ 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.

We may need to contact you to discuss your complaint. What is the best time to reach you? \_\_\_\_\_

So that we can respond promptly, please return this form to: Lori Jennis, CIH - EHS Consultant  
IAQ Manager or Contact Person

LJennis@ECOS-Inc.com



## OFFICE USE ONLY

File Number: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

---

# Occupant Interview

Building Name: \_\_\_\_\_ File Number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupant Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sections 4 discusses collecting and interpreting information from occupants.

## 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

## 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?



# Occupant Diary

Occupant Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ File Number: \_\_\_\_\_

On the form below, please record each occasion when you experience a symptom of ill-health or discomfort that you think may be linked to an environmental condition in this building.

It is important that you record the time and date and your location within the building as accurately as possible, because that will help to identify conditions (e.g., equipment operation) that may be associated with your problem. Also, please try to describe the severity of your symptoms (e.g., mild, severe) and their duration (the length of time that they persist). Any other observations that you think may help in identifying the cause of the problem should be noted in the "Comments" column. Feel free to attach additional pages or use more than one line for each event if you need more room to record your observations.

*Section 6 discusses collecting and interpreting occupant information.*

<b>Time/Date</b>	<b>Location</b>	<b>Symptom</b>	<b>Severity/Duration</b>	<b>Comments</b>

# Log of Activities and System Operations

Building Name: \_\_\_\_\_ Address: \_\_\_\_\_ File Number: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

On the form below, please record your observations of the HVAC system operation, maintenance activities, and any other information that you think might be helpful in identifying the cause of IAQ complaints in this building. Please report any other observations (e.g., weather, other associated events) think may be important as well.

Feel free to attach additional pages or use more than one line for each event.

Equipment and activities of particular interest:

Air Handler(s): \_\_\_\_\_

Exhaust Fan(s): \_\_\_\_\_

Other Equipment or Activities: \_\_\_\_\_

Date/Time	Day of Week	Equipment Item/Activity	Observations/Comments