



INDOOR AIR QUALITY COMPLAINT FORM

This Form Does Not Replace WorkSafe BC Form 6A

Please fill out this form with as much detail as possible.

All Indoor Air Quality complaints must be submitted using this form and returned to the District Health and Safety Office as soon as possible.

DATE: _____

NAME: _____ TITLE: _____

FACILITY NAME: _____

CLASSROOM or LOCATION IN BUILDING: _____

SITE ADMINISTRATION NAME/SIGNATURE: _____

Please describe the nature of the complaint:

Please list any symptoms you are experiencing:

Please list names of other workers in your area:

OFFICE USE ONLY

Complaint No. _____ Received by _____ Date Received _____