



## **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:**

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**Please list any symptoms you are experiencing:**

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**Please list names of other workers in your area:**

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**OFFICE USE ONLY**

Complaint No. \_\_\_\_\_ Received by \_\_\_\_\_ Date Received \_\_\_\_\_