

PINELLAS COUNTY SCHOOLS  
INDOOR ENVIRONMENTAL QUALITY (IEQ) COMPLAINT FORM

This three (3) page form should be used if you have concerns regarding the indoor environmental quality of your workplace. These concerns may be health related or involve comfort. Use the space provided below to describe the nature of your concern. Please be as detailed as possible since your observations can help identify any problems as quickly as possible.

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**IEQ COMPLAINT FORM - SECTION A (For originator of Complaint)**

**INSTRUCTIONS: - Complete ONLY Page 1 (SECTION A)**  
**- Submit all three (3) pages to the Head Plant Operator**

<b>SECTION A</b>	
1. School/Facility _____	Bldg. # _____ Room # _____
2. Has a Notice of Injury Form been filed with Risk Management? Yes ____ No ____	
3. Please list the most convenient time(s) available to discuss the complaint: a. _____ b. _____ c. _____	
<b>4. Complaint:</b>	
5. Completed by: _____ Phone # _____ Title: _____ Cell # _____ Date: _____	



**STOP! COMPLETE SECTION A ONLY. Submit all three (3) pages to the HEAD PLANT OPERATOR.**

**IEQ COMPLAINT FORM - SECTION B (For Head Plant Operator and Site Administrator)**

**INSTRUCTIONS: - Complete Page 2 (SECTION B)**

<b>SECTION B</b>			
<b>Is Complaint related to HVAC system?</b> If "Yes" answer questions 1-7 below If "No" skip to questions 8 & 9			
	No ____	Yes ____	
1. A/C Equipment ID number (if applicable)	No ____	Yes ____	ID # _____
2. Has a Work Order been submitted?	No ____	Yes ____	WO # _____
<b>IMPORTANT: Clearly Note the Work Order is an IEQ complaint with priority.</b>			
3. Do filters require changing?	No ____	Yes ____	
4. Is HVAC equipment functioning properly?	No ____	Yes ____	
5. Are exhaust fans functioning?	No ____	Yes ____	
6. Are there signs of moisture intrusion?	No ____	Yes ____	
7. Are there any obvious odors?	No ____	Yes ____	
<b>8. Head Plant Operator Comments</b>			
<b>9. Principal/Administrator Comments</b>			

**HEAD PLANT OPERATOR** \_\_\_\_\_ (sign or type name) \_\_\_\_\_ (date)

**PRINCIPAL/ADMINISTRATOR** \_\_\_\_\_ (sign or type name) \_\_\_\_\_ (date)



**Section B will be SIGNED AND DATED.**  
Send to Industrial Hygienist at Walter Pownall Service Center, Pony Route \_\_\_\_\_  
or email to [caughey@pcsb.org](mailto:caughey@pcsb.org)

**(This form may be submitted as an email attachment or as a printed hard copy.)**

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**IEQ COMPLAINT FORM - SECTION C (For Industrial Hygienist)**

- INSTRUCTIONS:**
- Respond to site and investigate complaint.
  - Recommend work for site-based staff as necessary. Mark with “(S)”
  - Submit work order(s) if needed. Mark with “(M)”
  - Complete Page 3 (Section C)

<b>SECTION C</b>			
Comments/Recommendatioans (Attach IEQ School Walkthrough)			
<p align="center"><b>NOTE: Work Orders will be clearly identified as an IEQ complaint and prioritized.</b></p>			
Work Order #	Date	Work Order #	Date

Industrial Hygienist/Other \_\_\_\_\_ (sign or type name) \_\_\_\_\_ (date)



- MAINTENANCE DEPARTMENT WILL SEND FINAL REPORT TO THE FOLLOWING:**
- \_\_\_ GM (General Manager)
  - \_\_\_ HPO (Head Plant Operator)
  - \_\_\_ PRINCIPAL/ADMINISTRATOR
  - \_\_\_ OTHER

(This form may be submitted as an email attachment or as a printed hard copy.)