



**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: Kirsten Willging Date of this request: 1/20/2017
 Student Staff Parent Visitor

Contact information: Phone: _____ Email: kirsten_willging@hcpss.org

School Building/Facility: PQMS Location (specific room or area) science 1

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

Room is not being cleaned nightly (has been at least 4 days since it was swept!). Desks are to be disinfected weekly - this is not happening as it

When did you notice the problem: used to. Last 4 weeks

Action taken by HCPSS: _____

Name / Signature of the HCPSS person responding: _____