

EHS Indoor Air Quality Complaint Form
Email completed form to ehs@brynmawr.edu

RESPONSIBLE REPORTER INFORMATION (to be completed by Responsible Building Party)

Department _____

Applicable Building: _____

Specific Floors and Rooms Affected: _____

Total occupants in area:		No. persons reporting conditions or symptoms	
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Person Submitting _____ Job Title _____

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Occupant Diary Occupant

In the table below, record each occasion when you experience a symptom or health or discomfort that you think may be linked to an environmental condition in this building. It is important to record the date, time, location, and duration of the symptom or health or discomfort.