



McGill INDOOR AIR QUALITY COMPLAINT FORM

Use this form to report problems related to indoor air quality. Indoor air quality problems can include, but are not limited to, concerns with temperature, humidity, ventilation, odours, or air pollutants that may be causing adverse health effects or discomfort. Any personal information provided will remain confidential. If you are experiencing any medical issues you should submit an [Accident/Incident/Occupational Disease Report Form](#) in case there is a reason to file a disability claim.

Section A: General Information

Last Name		First Name	
Faculty/Staff <input type="checkbox"/>	Student <input type="checkbox"/>	Visitor <input type="checkbox"/>	Work Phone Number
Department	Position	E-mail Address	

Section B: Location & Description of Problem

Where	Building
	Floor & Room
Is the problem localized in one area or does it extend to more than one location? If yes, where are these other locations?	
What is the nature of the problem?	
Are you experiencing any symptoms of health problems? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, describe your symptoms.	
When	Date of Event (MM/DD/YYYY)
	Date the problem was first experienced? (MM/DD/YYYY)
When does the problem occur or when is it more pronounced (time of day, day of the week, season, etc.)?	

Section C: Actions taken

Has Facilities Management & Development been advised?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes,	When (date) (MM/DD/YYYY)		
	What is the Call Slip/Work Order Number:		
Has the Building Director been advised?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your supervisor been advised?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your Department/Unit Safety Committee been advised?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature	Date		

Return completed form to Environmental Health & Safety.

Environmental Health & Safety
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