Texas Tech University Health Sciences Center El Paso
Environmental Services

Indoor Air Quality Complaint Form

This form can be filled out by the building occupant or by a member of the building staff.

Occupant Name: _____ Department: _____

Building: _____ Room #: _____

Date:_____ Phone: _____

This form should be used if your complaint may be related to indoor air quality. Indoor air quality problems include concerns with temperature control, ventilation, and air pollutants. Your observations can help to resolve the problem as quickly as possible. Please use the space below to describe the nature of the complaint and any potential causes.

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We may need to contact you to discuss your complaint. What is the best time to reach you? _____.

So that we can respond promptly, please return this form to:

El Paso Department of Safety Services
Email: www.safetyserviceselp@ttuhsc.edu

Office Use Only
File number: _____ Received By: _____ Date: _____