



# Torrington Public Schools

JOHN BARLOW  
DIRECTOR OF FACILITIES

SUSAN M. LUBOMSKI  
SUPERINTENDENT

## INDOOR AIR COMPLAINT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Room Number: \_\_\_\_\_ Date/s of Symptoms: \_\_\_\_\_

Symptoms: \_\_\_\_\_

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Timing: When did symptoms start, and what has helped symptoms to become better or worse?

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Has this been reported to administration? Y or N

Have you been seen by a Doctor? Y or N

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