



Newtown Public Schools
Maintenance Department
3 Primrose Street
Newtown, CT 06470

John Barlow
Director of Facilities

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INDOOR AIR COMPLAINT FORM

Name: _____ Date: _____

School Name: _____

Room Number: _____ Date/s of Symptoms: _____

Symptoms: _____

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

Has this been reported to the administration? Y or N

Have you been seen by a Doctor? Y or N