



## **ACC Indoor Air Quality Preliminary Interview Questionnaire**

**Name:** \_\_\_\_\_

**Location (Campus, Building, Room #):** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Complaint:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Supervisor Phone Number:** \_\_\_\_\_

Completed form should be e-mailed (rcole@austincc.edu) or faxed (223-1035) to EHS and Insurance Manager to allow for a timely response to complaint.