

FEEDBACK- CONSTRUCTION CONTRACT COMPLIANCE PROGRAM

Directions: Please use this form to communicate comments, identify omissions/errors, provide comments, or request training. Complete the three sections below and email to:

erica.miller@dot.state.fl.us

Section 1

Date	
Name	
Area Code & Phone Number	(***)-(***)-(****)
Email address	
Company's Name	
Mailing Address	

Section 2

Complete the following. Please state the section (e.g.) 5.1.3), page number, or form number if you are providing a comment on the Equal Employment Opportunity Construction Workbook or a form that is associated with this workbook. If you are commenting on training, please provide the name, date, time, and instructor.

- General Comment
- Workbook Comment
- Forms or downloadable document
- Comments on/or request to attend training
- Other

Section 3

Please provide your feedback regarding the items selected above.

THIS SECTION FOR FDOT USE: ACTION ON FEEDBACK

_____ Date read _____ action required _____ no action required
_____ forwarded to _____ date forwarded: _____