



Complaint Form

The purpose of this form is to permit persons outside the formal TCC and Physical Therapist Assistant Program group (staff, faculty, students) an opportunity to comment or complain about the processes or persons involved with the college or Program.

This form should be completed and returned by mail to:

Mr. Troy Moran
Director of Allied Health
Tarrant County College, Trinity River East Campus
245 E. Belknap St.
Fort Worth, TX 76102

My complaint or comment is _____

Attach additional page if needed.

I would like a follow-up phone call. No Yes

My Contact Information

(*required)

*Name _____ *Date _____

*Phone number _____

*Best time to call between the hours of 8 a.m.–5 p.m. _____

Email _____