



Request for Information Form

The purpose of this form is to permit persons outside the formal TCC and Physical Therapist Assistant Program group (staff, faculty, students) access to information related to formal complaints about the 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

Please complete:

I, _____, request that a summary of the formal complaints about the Physical Therapist Assistant Program that have been filed in the past five years. Please send this summary to the address below.

Your signature

My Contact Information
(please print)

Name _____ Date _____

Mailing
Address _____

Phone number _____ Email _____

You should expect to hear from us within 10-15 business days.