



PUBLIC COMMENT FORM

PLEASE TYPE OR PRINT LEGIBLY.

Contact Information:

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

Compliment or Complaint Information:

List the HCC Department (or Person) involved in this compliment or complaint (if known):

List the HCC Campus or location involved in this compliment or complaint: _____

Briefly describe the details of the compliment or complaint Attach additional pages if necessary.

If filing a complaint, please describe any efforts you have made to resolve this situation with a staff member of the College. The date you contacted an HCC staff member about the complaint:

Signature: _____ Date: _____

Mail completed form to: John Huerta, Executive Director, Marketing & Public Relations, HCC, P.O. Box 31127, Tampa, FL 33631-3127. A response will be provided within 10 business days if contact information is completed and form is signed and dated.