

**FEEDBACK- CONSTRUCTION CONTRACT COMPLIANCE PROGRAM**

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

Stefan.kulakowski@dot.state.fl.us

**Section 1**

<b>Date</b>	
<b>Name</b>	
<b>Area Code &amp; Phone Number</b>	(***)-(***)-(****)
<b>Company's Name</b>	
<b>Mailing Address</b>	

**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 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**
- 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 \_\_\_\_\_