

Current Look (2000C as example)

6. If your complaint is about closed captioning, provide the following:

a. Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (e.g., "13"):

Station or subscription TV provider system location:

c. City: County: State:

d. If you pay to receive television programming, type of subscription service (e.g., cable, satellite):

e. If you pay to receive television programming, name of company to whom you subscribe:

f. Name of program(s) involved:

7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complaint either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made.

Character Count:0 (1,000 Characters max)

SUBMIT FORM

New Look Without Attachment Method Selected

6. If your complaint is about closed captioning, provide the following:

a. Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (e.g., "13"):

Station or subscription TV provider system location:

c. City: County: State:

d. If you pay to receive television programming, type of subscription service (e.g., cable, satellite):

e. If you pay to receive television programming, name of company to whom you subscribe:

f. Name of program(s) involved:

7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complaint either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made.

Character Count:0 (1,000 Characters max)

ATTACH FILES: How do you want to attach files related to this complaint?

SUBMIT FORM

New Look With “Electronically” Selected as Attachment Method

6. If your complaint is about closed captioning, provide the following:

a. Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (e.g., "13"):

Station or subscription TV provider system location:

c. City: County: State:

d. If you pay to receive television programming, type of subscription service (e.g., cable, satellite):

e. If you pay to receive television programming, name of company to whom you subscribe:

f. Name of program(s) involved:

7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complaint either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made.

Character Count:0 (1,000 Characters max)

ATTACH FILES: How do you want to attach files related to this complaint?

You may attach a copy of your file, if you have an electronic version of the file saved on your computer. Most file types including image files, text documents, and PDFs are accepted. Files may not be larger than 10 MB.

File to upload:

(To attach a file, select "Browse". A window will appear which will allow you to navigate to your file's location. Double-click on the file, or highlight it and select "Open". Once the file path appears in the File box, select "Attach". Once attached, a confirmation message will be displayed along with the file name.)

New Look With "Fax" Selected as Attachment Method

6. If your complaint is about closed captioning, provide the following:

a. Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (e.g., "13"):

Station or subscription TV provider system location:

c. City: County: State:

d. If you pay to receive television programming, type of subscription service (e.g., cable, satellite):

e. If you pay to receive television programming, name of company to whom you subscribe:

f. Name of program(s) involved:

7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complaint either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made.

Character Count:0 (1,000 Characters max)

ATTACH FILES: How do you want to attach files related to this complaint?

Upon submission, you will receive a confirmation page. Please use this page as a cover sheet and fax your documents to: 1-866-418-0232 (Toll-free).

SUBMIT FORM

New Look With "Postal Mail" Selected as Attachment Method

6. If your complaint is about closed captioning, provide the following:
- Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):
 - Channel (e.g., "13"):
Station or subscription TV provider system location:
 - City: County: State:
 - If you pay to receive television programming, type of subscription service (e.g., cable, satellite):
 - If you pay to receive television programming, name of company to whom you subscribe:
 - Name of program(s) involved:
7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complaint either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made.
-

Character Count:0 (1,000 Characters max)

ATTACH FILES: How do you want to attach files related to this complaint?

Upon submission, you will receive a confirmation page. Please use this page as a cover sheet for mailing documents. Please keep a copy of the confirmation page for your records. Mail your documents to:

Federal Communications Commission
Consumer & Governmental Affairs Bureau
Consumer Complaints
445 12th Street, SW
Washington, D.C. 20554

SUBMIT FORM