**Product: phone**

Approved by OMB 3060-0874 (Estimated average burden per person is 15 minutes.)

Email address

Subject

Phone issue (drop down)

Unwanted calls/messages (telemarketing calls, prerecorded messages, advertising and mass texts)

 Telephone number where you received the unwanted call/message

Your phone type/location (residential/personal, business (including government and nonprofit organizations), patient room in health care or elderly care facility, Emergency phone line, toll free line)

Date of unwanted call

Type of call/message (live voice, prerecorded voice, test message, abandoned call)

Have you or anyone in your household or business given the caller/company permission to call? y/n/uncertain

Did the call/message that you are reporting advertise any type of goods, or services? y/n

 If yes: type of property, goods, services

Have you or anyone else in your household done any business with the caller/company within the 18 months immediately before you received the call/message? y/n/uncertain

Do you or anyone in your household have a personal relationship with the individual who made the call? y/n/uncertain

 Did you receive caller ID information? y/n/uncertain/don’t have caller ID

 If yes: caller ID number

 Caller ID name

Was the caller’s business name and/or phone number provided DURING the call/message? Only provide information received during the call itself, NOT caller ID information. y/n/uncertain

 If yes: business name

 Business phone number

Provide any additional information you would like to share about this call or your interactions with this caller.

 Junk faxes

 Did the fax advertise any type of property, goods, or services? y/n

 If no: do not accept complaint

 If yes: type of property, goods, or services. This screen must be populated.

 Date you received the fax

 Provide a copy of the fax OR advertiser’s phone number and name

 Have you or anyone else in your household or business given the fax advertiser permission to fax? y/n/uncertain

 Have you or anyone else in your household or business done any business (including an inquiry or application) with the fax advertiser? y/n/uncertain

 Provide any additional information you would like to share about this fax or your interactions with this advertiser.

 Availability

 Coverage areas/coverage maps

 Additional charge to make service available

 Amount of charge

Reason for charge

Estimated time frame to complete

 No service available

Outside service area

 Other (use description field)

 Billing

 Service charges (recurring charges, roaming, ETFs)

 Lifeline

 Taxes/fees/Surcharge (including Universal Service)

 Advertised rates

 Inmate calling

 Other (use description field)

 Cramming

 Name of Company responsible for unauthorized charge

 Confirm copy of bill attached (check box)

Equipment

 Device unlocking

 Other (use description field)

Interference

 Signal jammers

 CB radio

 Amateur radio

 Other (use description field)

Number portability

OI/Net Neutrality

 Blocking

 Data caps

 Speed

 Throttling

 Inaccurate disclosures/Transparency

 Other (use description field)

Privacy

Has your personal information been accessed, obtained or used by an unauthorized person? y/n

If yes:

Describe what personal information has been accessed, obtained or used

Describe how you discovered your personal information had been accessed, obtained or used

Did you receive written notice from your provider about the data breach? y/n

If yes, attach or describe the notice, include the date you received the notice and what it contained

 Did you have previous security concerns about your provider?

 If no: use description field to describe your issue

Rural call completion

 Telephone number called

 Telephone number calling you are calling from

Date/time of call

 Caller’s long distance provider (not required)

 Are you a service provider filing on behalf of a customer? Y/N

Service quality/repair

Slamming

 Confirm wireline phone (check box)

 Confirm copy of bill attached (check box)

 State for slamming

 Residential or business phone

 Local telephone provider

 Long distance provider

 Back with authorized provider? y/n

 Disputed charges paid

 Disputed charges adjusted/refunded

 Amount of charges

 Amount adjusted

Phone method

 Wired

 Wireless

 VoIP

Telephone number subject of complaint

Company name

Are you a current, former, or prospective customer of this company?

 Current

 Former

 Prospective

 Other

Have you contacted this provider about this issue? y/n

Have you filed a complaint about this issue in the past 90 days?

Account number

First name/Last name

Address/city/state/zip code

Phone (where you can be contacted)

Filing on behalf of someone

 If yes, your relationship (on behalf of)

 First name (on behalf of)

 Last name (on behalf of)

 Company name (on behalf of)

 Address (on behalf of)

 City (on behalf of)

 State (on behalf of)

Zip code (on behalf of)

Description of complaint (free text field)

Can the FCC share your description (minus PII) of your complaint with the public on our website? y/n

Attachments