

**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