

**Product: Accessibility**

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

Email address

Subject

Accessibility issues

Closed captioning on TV

Closed captioning over the Internet

Emergency information on TV

Hearing Aid compatibility of wireless phones

Hearing Aid compatibility of wireline phones

TRS

Video description

Preferred method of response

Name of company complaining about

City of company complaining about

State of company complaining about

Zip code of company complaining about

Phone number of company complaining about

Please provide the model of the telephone

Hearing aid compatibility make

Date of your issue/problem

Time of your issue/problem

Your TV method

TV channel

Call sign

Network

Name of TV program

City where program was viewed/heard

State where program was viewed/heard

Program distributor/owner

Device of software used to view program

First name

Last name

City

State

Zip code

Phone (where you can be contacted)

Filing on behalf of someone (y/n)

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

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

Attachments