

**Product: Request for Dispute Assistance (Accessibility)**

Approved by OMB 3060-0874 (Estimated average burden per person is 30 minutes.)

Email address

Subject

Type of service or equipment that best describes your accessibility problem

Wireless or mobile telephone service or equipment

Wireline or landline telephone service or equipment

Cable or Internet telephone service or equipment

Internet voice communication service or equipment

Electronic messaging service or equipment

Interoperable video conferencing service or equipment

Internet browser built into a wireless or mobile telephone

Preferred method of response

Equipment manufacturer name

Type of device

Model number of device

Name of service provider

Name of the software or application

Version of the software or application

Name of the Internet browser

Version of the internet browser

Date of service or equipment

Date of accessibility problem

Description of service or equipment

Contacting the company about the accessibility problem

Outcome of accessibility problem

First name

Last name

City

State

Zip code

Phone (where you can be contacted)

Type of Telephone number

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