## Product: phone

Not Yet Approved by OMB 3060-0874 (Estimated average burden per person is 15 minutes.) Privacy Statement

#### **Email address**

Subject

Description of complaint

Phone issue

Unwanted calls/messages (telemarketing calls including do not call, prerecorded messages, advertising, mass texts, and spoofing)

My own number is being spoofed

All other unwanted calls/messages

#### Junk faxes

## **Availability**

Coverage areas/coverage maps

Additional charge to make service available

Lifeline

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

## **Emergency Alert System**

Missing audio attention signal

Missing vibration

Alerts received from other jurisdictions

# Equipment

Device unlocking

Lifeline

Other (use description field)

#### Interference

Signal jammers

CB radio

Amateur radio

Broadcast AM/FM

Other (use description field)

Number portability

OI/Net Neutrality

**Blocking** 

Data caps

Speed

Throttling

Inaccurate disclosures/Transparency

Other (use description field)

Privacy

Rural call completion

Service quality/repair

Slamming

Date of your issue/problem

Time of your issue/problem

Additional information you would like to share about this call or your interactions with this company 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) Type of call/message (live person, prerecorded voice, text message)

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

Have you or anyone else in your household made any inquiry or application to the caller/company within the 3 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 provided DURING the call/message? Only provide information received during the call itself, NOT caller ID information. y/n/uncertain

If yes: business name

Was the business name provided at the beginning of the call?

Provide the name of the advertiser provided during the call

Provide the advertiser's phone number given during the call

Fax advertiser transmission date

Type of property, goods, or services advertised

Copy of the fax provided (check box)

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

Have you or anyone else in your household or business done any business (including an

Inquiry application) with the fax advertiser?

Amount of charge

Reason for charge

Estimated time frame to complete

Name of Company responsible for unauthorized charge

Confirm copy of bill attached (check box)

Handset model

Additional company name

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

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?

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

Telephone number called

Telephone number 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

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

Telephone number subject of complaint

Company name

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

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

Account number

First name/Last name

Address/city/state/zip code

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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)
Age of Complaint Filer
        Under 18
        18-24
        25-34
        35-44
       45-54
        55-64
        65 or older
Ethnicity
        Hispanic or Latino
        Not Hispanic or Latino
Race - Select one or more:
        American Indian or Alaska Native
        Asian
        Black or African American
        Native Hawaiian or Other Pacific Islander
Primary language spoken at home - Select one or more:
        English
        Spanish
       Chinese
       French
       Tagalog
       Vietnamese
        German
        Korean
        Other
Total Household Income
       0-$20,000
        $20,001-60,000
        $60,001 - $100,000
        $100,001 - $150,000
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\$150,001+

# Housing

Multi-Unit Building (Apartment or Condo)
Single Family Home (House, Mobile Home, Townhome)
Other

## Attestation

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