Category: Internet

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

Email address

Internet issue

Availability

Inaccurate Coverage areas/coverage maps

No internet deployment/service in my area

Inadequate network upgrades

Inadequate network maintenance

Additional charge to make service available

Outages or Inconsistent Availability

Other (use description field)

Speed

Inadequate internet speed

Less than advertised speed

Inconsistent speed

Low data caps

Throttling (intentional slowing of internet speed)

Failure to undertake advertised service upgrade

Other

Billing or Pricing

Advertised rates

Service charges or deposits

Lifeline/USF

Taxes/fees/surcharges

Late fees (excessive or over-charged)

Credit check

Service suspension or termination without notice

Other

Equipment

Modems

Problems with service installation on site

Other (use description field)

Broadband Label

Monthly, one-time, or early termination fees

Discounts and bundles

ACP

Speeds

Data

Incomplete List of Fees

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Label Accessibility
            Not in Language Marketed to
            Broken Links
           Legibility and visibility
           Other
        Interference
               Jamming/Blocking (including Wi-Fi)
               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?
Does your complaint involve digital discrimination of access based on income level, race, ethnicity, color,
religion, or national origin? y/n/Don't know
        If yes:
        Which of the following characteristics is your digital discrimination of access complaint based
        on? (Multi-select)
               income level
               race
               ethnicity
               color
               religion
               national origin
               none of the above
        Is the digital discrimination of access complaint you have happening at your residence or
        another location?
                Residence
                Another Location
                        Type of Location
                                School
                                Library
                                Public commercial location
                                Other
                City of Location
                State of Location
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Zip of Location
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Do other members of your neighborhood or area also experience the issue described in your complaint? y/n/Don't Know

If yes:

Is the issue affecting 500 or more households? Y/n/Don't Know

Is there a neighboring area that is receiving better service than you? Y/n/Don't Know

If yes:

Name of the neighboring area?

City of the neighboring area

State of the neighboring area

Zip of the neighboring area

What is the advertised download speed of the internet plan you subscribe to

25MB or less

26-50MB

51-100 MB

101MB-500

501 MB - 999MB

1GB or more

Don't Know

Internet method

Wireless

Cable

Satellite

DSL

Fiber

Company name (your provider)

Relationship to Company

Current Customer

Former Customer

Prospective Customer

Other

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

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)

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

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

Subject

Description

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