

Category: Digital Discrimination - Organizations

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

Privacy Statement

Email address

Subject

Description

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

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

City of Location

State of Location

Zip of Location

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

Name of Internet Service Provider(s) Involved

Name of your Organization

Your First Name

Your Last Name

City

State

Zip Code

Contact Phone Number

Attestation (Check Box)

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