## Category: Accessibility

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

**Email address** 

Subject

Description

Accessibility issues

**Closed Captioning on TV** 

Closed Captioning over the Internet

**Display of Closed Captioning** 

**Emergency Information on TV** 

**Hearing Aid Compatibility of Wireless Phones** 

**Hearing Aid Compatibility of Wireline Phones** 

National Deaf-Blind Equipment Distribution Program

Real-Time Text (RTT)

**TRS** 

TV and Set-top Box Controls, Menus, and Program Guides

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

Name of state program 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

Name of subscription service

Contact the company (y/n)

Name of company and person contacted

Date contacted

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 or software used
Your First name
Your Last name
Address 1
Address 2
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)
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
       White
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
$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