

**GWINNETT COUNTY LICENSING AND REVENUE  
CABLE COMMUNICATIONS COMPLAINT FORM**

Please read and answer all questions.

**NAME OF CABLE COMPANY:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **SUBDIVISION:** \_\_\_\_\_

**TELEPHONE NUMBER: HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_

Is this the first time you have had this complaint or are you addressing a previously filed complaint?

First time complaint \_\_\_\_\_ Previously filed complaint \_\_\_\_\_ Date \_\_\_\_\_

Indicate the type of complaint you have:

Outage of service	_____	Cable line down/unburied	_____
Rate charges	_____	Construction damage/debris	_____
Poor reception	_____	Busy customer service lines	_____

Briefly describe the problem you are experiencing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attempted to resolve this complaint with your cable provider for **at least 30 days**? **Yes** \_\_\_\_\_ or **No** \_\_\_\_\_ How many times have you contacted the cable company ? \_\_\_\_\_

Do you want a copy of this complaint form forwarded to your cable company? **Yes** \_\_\_\_\_ or **No** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN TO :** **GWINNETT COUNTY LICENSING AND REVENUE**  
**ATTN : CABLE FRANCHISE AUTHORITY**  
**P O BOX 1045**  
**LAWRENCEVILLE GA 30046**