



CABLE COMMUNICATIONS COMPLAINT FORM

Name of Cable Company: _____

Your Name: _____

Street Address: _____

City: _____ Zip: _____ Subdivision: _____

Telephone Number: _____ 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
 PO BOX 1045
 Lawrenceville, GA 30046