



Department of Commerce

John R. Kasich, Governor
Jacqueline T. Williams, Director

Video Service Complaint Form

Instructions:

1. Print or type all information.
2. Be specific and explain the problem in detail. Be sure to include names of the persons you talked to, telephone numbers dates, etc.
3. Attach **COPIES** of documents to support your claim. Keep **ORIGINALS** for your records.
4. A copy of this complaint will be provided to the video service provider.
5. Return the completed form to the Video Service Authorization Section at: 77 South High Street, 23rd Floor, Columbus, Ohio 43215. Keep a copy for your records.

Personal Information

Title: Ms. Mrs. Mr. Dr.

First Name:

Last Name:

Jr. Sr.

Home Telephone Number:

Can Be Reached Number:

Fax:

Street Address:

Address Line 2:

City:

State:

Zip Code:

County:

Email Address:



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Service Description

Company Name:

Name on Account:

Service Address:

Service Phone Number:

Account Number:

Your Complaint

Please be advised that the Director of Commerce does not have any authority to regulate the rates, terms or conditions of a provider's service – including the networks or television stations that the video service company decides to carry – or to regulate satellite video service.

Summary of Complaint:



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Remedy Sought:

I certify that to the best of my knowledge, all information provided by me is true. I authorize the Video Service Authorization Section to send a copy of this complaint, along with supporting documents, to the video service provider against which the complaint is filed. I understand that the Video Service Authorization Section will only serve as a facilitator to try to resolve this matter and cannot represent me in legal proceedings.

Signature

Date

Print or type name