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: Ohio
Zip Code: 
County: 
Email Address: 
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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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