

## Cable Complaint Report

Complaint Date	Complaint No. TW0910-
Resident Name:	
Service Address  Home Phone Number:  Date Sent to Resident:	Unit No Work Phone Number:  Date Received by City:
Expected Resolution Date:	Resolution Date:
Cable Company: Time Warner	
Categories (Please check boxes that apply)	
Customer Service  Phone Busy/Intermittent Outages  Discourteous Response  Left Message & Call Not Returned  Other  Technical Service  Poor Reception/Intermittent Outages  Outage (1 Time)	Billing:  Erroneous Charge/Credit Due  Paid Bill, Threaten with Disconnection  Disconnected, But Still Being Billed  Rates:  Basic  All Other Tiers  Premium Level
Outages (Repeated)	
Incomplete Repair Unable to Fix Problen	Does Not Match Initial Price Quote Other
Trespassing by Cable Company Missed Appointment by Cable Company Cannot Get a Timely Appointment Additional Information:	Other:
Response from Cable Company:	