

Cable Complaint Report

Complaint Date	Complaint No. CC 0910-
Resident Name:	
Service Address	Unit No.
Home Phone Number:	Work Phone Number:
Date Sent to Resident:	Date Received by City:
Expected Resolution Date:	Resolution Date:
Cable Company: Charter	
Categories (Please check boxes that apply)	
Customer Service Phone Busy/Intermittent Outages Discourteous Response Left Message & Call Not Returned Cannot Reach Live Person	Billing: Erroneous Charge/Credit Due Paid Bill, Threaten with Disconnection Disconnected, But Still Being Billed
Technical Service Poor Reception/Intermittent Outages Outage (1 Time) Outages (Repeated) Incomplete Repair Unable to Fix Problen Trespassing by Cable Company Missed Appointment by Cable Company Cannot Get a Timely Appointment Additional Information:	Rates: Basic All Other Tiers Premium Level Does Not Match Initial Price Quote Other Other:
Response from Cable Company:	