**Cable Tv Service Complaint Form**

**Instructions:**

1. Complete the form below.
2. Attach **COPIES** of documents to support your claim. Keep **ORIGINALS** for your records.
3. Return the completed form to the Video Service Authorization Section at: 77 South High Street, 20th Floor, Columbus, Ohio 43215. Or you may email it to **VSA@com.state.oh.us**
4. Keep a copy for your records.
5. If you have any questions, please call the cable complaint hotline at 877-207-2225

**Personal Information**

First Name:

Last Name:

Service Street Address:

Service Address Line 2:

City:

State:

Zip Code:

County:

Home Telephone Number:

Can Be Reached Number:

Service Telephone Number:

Email Address:

Name of Cable Company:

Name on Account:
Details of Your Complaint

Be specific when explaining the nature of your complaint. For example, why are you filing a complaint, describe the service interruptions, length of interruptions, location of down wires, dates when rates increased, dates of unauthorized charges, include names of persons you talked to and when.

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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 Department of Commerce 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 Department of Commerce will only serve as a facilitator to try to resolve this matter and cannot represent me in legal proceedings. I also understand that the Department of Commerce does not have the authority to regulate the rates or terms or conditions of a provider’s service. Finally, I understand that the Department of Commerce does not regulate satellite video service.

Signature       Date

Print name