

United States Government  
Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Disability Rights Office  
445 12<sup>th</sup> Street, SW  
Washington, D.C. 20554

**OFFICIAL**  
**NOTICE OF INFORMAL COMPLAINT**

November 12, 2008

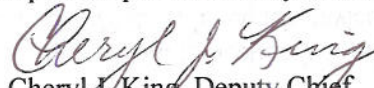
In reply refer to case number: 08-C00065961 – SK  
(Scott) (WKOW-TV)

**THE COMPANY IDENTIFIED IN THE ATTACHED COMPLAINT IS REQUIRED TO RESPOND TO THIS NOTICE OF INFORMAL COMPLAINT WITHIN 30 DAYS OF THE DATE OF THIS NOTICE.** Failure of any person to answer any lawful Commission inquiry is considered a misdemeanor punishable by a fine under Section 409(m) of the Communications Act (Act), 47 U.S.C. § 409(m). Further, failure to comply with any order of the Commission can result in prosecution under Section 401(b) of the Act, 47 U.S.C. § 401(b). Section 501 of the Act, 47 U.S.C. § 501, and Section 503(b)(1)(B) of the Act, 47 U.S.C. § 503(b)(1)(B), provide for forfeiture penalties against any person who willfully fails to follow the directives of the Act or of a Commission order. The Commission can impose forfeiture penalties of up to \$1.2 million for certain types of violations.

The attached complaint was filed with the Commission pursuant to Section 713 of the Act, 47 U.S.C. § 613, and Section 79.2 of the Commission's Rules, 47 C.F.R. § 79.2. A letter acknowledging your company's receipt of this Notice and of the enclosed complaint should be sent to each consumer Complainant as soon as your company receives this Notice. Pursuant to Sections 713 and 4(i) of the Act, 47 U.S.C. §§ 613, 154(i), and Section 79.2(c) of the Commission's Rules, 47 C.F.R. § 79.2(c), we are forwarding a copy of the complaint so that your company may satisfy or answer the complaint based on a thorough review of all relevant records and other information. Your company should respond specifically to all material allegations raised in each complaint and summarize the actions taken by your company to satisfy the complaint.

**Your response should include: (1) the Complainant's name, and (2) the Case number.** For hand deliveries, the Commission's contractor, Natek, Inc., will receive hand-delivered or messenger-delivered paper filings for the Commission's Secretary at 236 Massachusetts Avenue, NE, Suite 110, Washington, D.C. 20002. The filing hours at this location are 8:00 a.m. to 7:00 p.m., Monday-Friday. All hand deliveries must be held together with rubber bands or fasteners. Any envelopes must be disposed of before entering the building. Commercial overnight mail (other than U.S. Postal Service Express Mail and Priority Mail) must be sent to 9300 East Hampton Drive, Capitol Heights, MD 20743. U.S. Postal Service first-class mail, Express Mail, and Priority Mail should be addressed to 445 12th Street, SW, Washington, D.C. 20554.

Due to heightened security measures undertaken in Washington, D.C., and at this agency, you should also send an electronic copy of the response letter to [Cheryl.King@fcc.gov](mailto:Cheryl.King@fcc.gov). Companies are directed to send copies of their responses to consumers at the same time their responses are forwarded to the Commission. Each company required to respond to this Notice is directed to retain all records until final Commission disposition of the complaints. If you have any questions regarding this Notice, please call or email Sherita Kennedy at (202) 418-0287 or [Sherita.Kennedy@fcc.gov](mailto:Sherita.Kennedy@fcc.gov), and leave a detailed message specifying the calling company name, the Case number, and the specific questions that you would like to have answered.

  
Cheryl J. King, Deputy Chief  
Disability Rights Office/CGB

Attachment(s)  
K:613/79.2



FOR FCC INTERNAL USE ONLY

# Admin 2000

Sherita.Kennedy [CAM] Logout

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[« Back to Complaints](#)

**Form 2000C: 08-C00065961-1**

<a href="#">User Form</a>
<a href="#">Admin Comments</a>
<a href="#">Serve Process</a>
<a href="#">File Attachments</a>
<a href="#">Letters</a>
<a href="#">Show All</a>
<a href="#">Sub Complaints(0)</a>
<a href="#">Print Form</a>

## USER FORM

### CONSUMER'S INFORMATION

First Name: **Linda**

Last Name: **scott**

[Edit Form](#)

Company Name:  
(Complete only if you are filing this complaint on behalf of a company or an organization.)

Street Address or Post Office Box Number: **4509 deerwood drive**

City: **Madison**   State: **WI**   Zip Code: **53716**

Telephone Number(Residential or Business): **(608) 222-4083**   Ext:

E-mail Address:

Are you filing information on behalf of another party, such as client, parent, spouse or roommate? **No**  
If yes, complete items a through h.

Your relationship with the party:

The party's first name:

The party's last name:

party\_daytime\_phpne ( ) - Ext:

The party's street address or post office box number:

City: State: Zip Code:

E-mail Address:

Fax Number: ( ) -

**IMPORTANT:** Please indicate the preferred format or method of response to the complaint by the Commission and defendant:

- Letter    Facsimile (fax)    Telephone Voice
- TRS (designate form of TRS and appropriate contact information)
- TTY    Internet E-mail    ASCII Text    Audio-Cassette Recording    Braille

**FORM 2000C:**

1. Check the appropriate box for your type of complaint:
  - Telecommunications Relay Service (TRS) (i.e., TTY-based, IP Relay, CapTel, IP CapTel, Speech-to-Speech, Video Relay Service (VRS))
  - Accessibility of emergency information on television**
  - Closed Captioning (absence, quality or pass through High Definition (HD) programs)

NOTE: If your complaint is about closed captioning only, you must first contact the station or video programming distributor. For additional information, see <http://www.fcc.gov/cgb/consumers/closedcaption.html>

  - Wireless telephone equipment or service (includes hearing aid compatibility and other accessibility issues)
  - Wire line telephone equipment or service (includes hearing aid compatibility and other accessibility issues)
2. Provide the name, address and telephone number (if known) of the company(s) involved in your complaint:  
Name: **TV station, channel 27 WKOW tv.**  
City: **madison** State: **WI** Zip Code: **53716**  
Telephone number: **(608) 271-4321**
3. If your complaint is about accessibility of telecommunications services or equipment, provide the make and model number of the equipment or device that this complaint is about: **the TV station**
4. If your complaint is about closed captioning or emergency information on television,  
provide the date (mm/dd/yyyy) **09/04/2008** Time: **09:26 AM** and any details of when the event or action you are complaining about occurred: **the alarm broadcast system went off, but there was no voice recorded saying that is a alert system broadcast.**
5. If your complaint is about access to emergency information on television, provide the following information:
  - a. Television station call sign (e.g., "WZUE-TV"): **wkow**
  - b. Station channel (e.g., "13"): **channel 27**
  - c. Station location: City: **madison** State: **WI**
  - d. Date(s) and time(s) of emergency: **09/04/2008** Time: **09:26 AM**  
Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred): **it was a emergency broadcast only the noise sounded never providing the information for blind people.. she is handicap and she wanted to know what was going on.**
6. If your complaint is about closed captioning, provide the following:
  - a. Station call sign (e.g., "KDID," "WZUF," "KDIU-FM," "WZUE-TV"): **WKOW TV**

- b. Station frequency (e.g., "1020" or "88.5"); or channel (e.g., "13"): **Channel 27**
- c. Station location: City: **Madison** State: **WI**
- d. Name of program(s) involved: **the emergency broadcast.**

**Note: If your complaint is about closed captioning only, you must first contact the station or video programming distributor. For additional information, see <http://www.fcc.gov/cgb/consumerfacts/closedcaption.html>.**

7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complaint either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made. **Ms. Lenda Scott said that she did get in contact with the TV station and ask about the emergency broadcast and they hang up on her, the person that was talking to her was Ms. Jessica Miller and she just wanted to report that, and she wants to get a apology from this lady.**