

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

OFFICIAL  
NOTICE OF INFORMAL COMPLAINT

June 16, 2014  
(Sklaire) (Comcast Cable)  
FCC Case No. 14-C00580878 (SK)

Attached is a copy of an informal complaint naming your company that was recently filed with the Disability Rights Office (DRO) of the Federal Communications Commission. Pursuant to Section 713 of the Communications Act of 1934, as amended (the "Act"), 47 U.S.C. § 613, and Section 79.1 of the Commission's Rules, 47 C.F.R. § 79.1, we direct your company to respond to the complaint. **Your response is due within thirty (30) days of the date of this Notice.**

Your company, as the video programming distributor or provider, must respond specifically to each matter raised in the complaint and summarize the actions that it has taken to satisfy each such matter. If the programming at issue is reaching you without captions, in responding to the complaint, you have the responsibility to check with the supplying network or program producer before responding to determine that either the material is exempt from the captioning requirements pursuant to one of the categorical exemptions in 47 CFR §79.1(d) or pursuant to an individual petition for exemption filed under 47 CFR §79.1(f).

Please provide the complainant's name and the complaint number at the top of your response. A company that receives and responds to informal complaints electronically must submit its responses to the Commission via the FCC website using its DRO log-in. If your company does not receive and respond to informal complaints electronically via the FCC website, you must file a hard copy of your response with the Disability Rights Office of the Federal Communications Commission at 445 12<sup>th</sup> St., SW, Washington, D.C. 20554. To expedite processing, please also send a courtesy electronic copy of the response to [Susan.Kimmel@fcc.gov](mailto:Susan.Kimmel@fcc.gov) **AND** [Sherita.Kennedy@fcc.gov](mailto:Sherita.Kennedy@fcc.gov).

You are further directed to send a copy of your response to the complainant at the time that you forward the response to the Commission. To ensure that your response is received by the complainant in an accessible format, please send it pursuant to the preferred format or method of response indicated by the complainant on the complaint form. Finally, your company is directed to retain all records that are or may be pertinent to the allegations raised in each complaint until final Commission disposition of the complaint at issue.

A failure to answer any lawful Commission inquiry is considered a misdemeanor punishable by a fine under Section 409(m) of the Act, 47 U.S.C. § 409(m). Section 503(b)(1)(B) of the Act, 47 U.S.C. § 503(b)(1)(B), provides for the imposition by the Commission of forfeiture penalties against any person who willfully fails to follow the directives of the Act or of a Commission order.

If you have any questions regarding this Notice, please call the Sherita Kennedy at 202-418-0287 or write to [Sherita.Kennedy@fcc.gov](mailto:Sherita.Kennedy@fcc.gov). To ensure that we can adequately respond to your inquiry, please provide the names of the complainant and your company, the complaint number, and the specific questions that you would like to have answered.

Sincerely,

Susan L. Kimmel, Deputy Chief  
Disability Rights Office  
Consumer and Governmental Affairs Bureau

Cc: WJLA-TV

Form 2000C – Disability Access Complaint

**Consumer's Information:**

First Name: **Nomi** Last Name: **Sklaire**

Company Name:

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

Post Office Box Number: **455**

(Official Post Office box Number Only)

Address 1:

Address 2:

Mailing Address (where mail is delivered)

City: **Washington** State: **VA** Zip Code: **22747**

Telephone Number (Residential or Business): **Phone:(540) 551 - 5622**

E-mail Address: **ns.klaire@yahoo.com**

Are you filing information on behalf of another party, such as client, parent, spouse or roommate?:

**No**

If yes, complete items a through h.

- a. Your relationship with the party:
- b. The party's first name:
- c. The party's last name:
- d. The party's daytime phone number:
- e. The party's street address or post office box number:
- f. City:      State:      Zip Code:
- g. E-mail address:
- h. Fax Number:

**IMPORTANT:** Please indicate the preferred format or method of response to the complaint by the Commission and defendant: **Letter** , **TRS (designate form of TRS and appropriate contact information)** , **Videophone** , **Internet E-mail**

Form 2000C – Disability Access Complaint

\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\*

1. Check the appropriate box for your type of complaint:

- **Closed Captioning of television programs streamed or downloaded from the Internet (for example, to your computer, tablet, smartphone, television, video game console, or other Internet-enabled device)**

2. Provide the name, address and telephone number (if known) of the company(s) involved in your complaint:

Name: **Comcast Communications**

City: **Philadelphia** State: **PA** Zip Code: **19103**

Telephone number: **Phone:(215) 286 - 4812**

3. If your complaint is about hearing aid compatibility, provide the make and model number of the telephone:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy): **05/01/2014 07:30:00 PM** and any details of when the event or action you are complaining about occurred:

**Complainant states that she has experienced many issues with closed captioning with Comcast since the Digital TV switchover. Issues experienced include garbling, timing lag, faulty placement and incomplete captions. For instance, Complainant watches "Jeopardy" regularly - and states the dialogue is captioned, but often do not display the answers spoken aloud by the contestants. In addition, Complainant says many programs cut-off captioning before the end (esp. news). A notable exception is "Katie," where the captions do "run through" the commercials briefly.**

5. If your complaint is about access to emergency information on television, provide the following information:

a. Television station call sign and network name (if applicable), or channel name (for example, "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (for example, "13"):

c. Station or subscription TV provider system location:

City: County:

State:

d. Date(s) and time(s) of emergency:

e. Detailed description of the emergency (for example, flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred):

6. If your complaint is about video description or closed captioning on television, provide the following:

a. Television station call sign and network name (if applicable), or channel name (for example, "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**WJLA**

b. Channel (for example, "13"): **7**

c. Station or subscription TV provider system location:

City: **Washington** County:

State: **DC**