

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**

August 19, 2011

In Reply Refer To: 11-C00322961-FC  
11-C00322946, 11-C00322967, 11-C00323011  
11-C0032015, 11-C00323053, 11-C00323140,  
11-C00323252, 11C00323169, 11-C00323265  
& 11-C00323437 (WWLP-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. Please also include some form of recording (CD, DVD, VHS) of the time(s) and date(s) of the complained about event(s).** Written responses must be filed with the Commission at 445 12<sup>th</sup> St., SW, Washington, D.C. 20554. A separate response should be filed for each individual complaint. Each response should include: (1) the Complainant's name, and (2) the Case number. Companies are directed to send copies of their responses to the complainant at the same time their responses are forwarded to the Commission.

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 [Susan.Kimmel@fcc.gov](mailto:Susan.Kimmel@fcc.gov). 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 Francine Crawford at (202) 418-2085 or [Francine.Crawford@fcc.gov](mailto:Francine.Crawford@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.

Sincerely,



Susan L. Kimmel, Deputy Chief  
Disability Rights Office/CGB

Attachment(s)  
K:613/79.2

Form 2000C – Disability Access Complaint

**Consumer's Information:**

First Name: **Emily** Last Name: **Graves-Harrison**

Company Name:

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **20 Country Club Drive**

Address 2:

Mailing Address (where mail is delivered)

City: **Monson** State: **MA** Zip Code: **01057**

Telephone Number (Residential or Business): **Phone:(413) 267 - 5863**

E-mail Address: **egravesharrison@gmail.com**

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

**N**

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: , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name:

City: State: Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 15:30:00:PM**  
and any details of when the event or action you are complaining about occurred:

**From 3:30Pm on 06/01 until 06/02 around 8:00 in the evening there was no closed captioning or real time closed captioning provided. There was a torando occurring in and around my town and I had no way of knowing.**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**WWLP**

b. Channel (e.g., "13"): **Channel 22**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

d. Date(s) and time(s) of emergency: **06/01/2011 15:30:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the the areas in which the emergency occurred): **TOrando in Monson, Brimfield, Springfield,**

**West Springfield, Westfield, Wilbraham**

6. If your complaint is about closed captioning, provide the following:

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

**WWLP**

b. Channel (e.g., "13"): **Channel 22**

c. Station or subscription TV provider system location:

City : **Springfield** County: **Hampden**

State: **MA**

Form 2000C – Disability Access Complaint

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): **Cable**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **Comcast**
- f. Name of program(s) involved: **All News on Channel 22 and channel 40**

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 complainant 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: **I am looking for real time closed captioning to be on all news programs especially live breaking news. There is no notification/communciation system for the Deaf and Hard of Hearing without real time closed captioning. It is very scary to be left in the dark without any information that can cause a fatality especially when hearing individuals can be informed and try to protect themselves.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT AND THE PRIVACY ACT**

The Federal Communications Commission is authorized under the Communications Act of 1934, as amended, to collect the personal information that we request in this form. This form is used for complaints that involve disability access. The public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERF, Paperwork Reduction Project (3060-0874), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.

**Form 2000C – Disability Access Complaint**

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

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In addition, the information that consumers provide when filling out FCC Form 2000 is covered by the system of records notice, FCC/CGB-1, Informal Complaints and Inquiries File (Broadcast, Common Carrier, and Wireless Telecommunications Bureau Radio Services). The Commission is authorized to request this information from consumers under 47 U.S.C. 206, 208, 301, 303, 309(e), 312, 362, 364, 386, 507, and 51; and 47 CFR 1.711 et seq.

Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

Form 2000C – Disability Access Complaint

**Consumer's Information:**

First Name: **Emily** Last Name: **Graves-Harrison**

Company Name:

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **20 Country Club Drive**

Address 2:

Mailing Address (where mail is delivered)

City: **Monson** State: **MA** Zip Code: **01057**

Telephone Number (Residential or Business): **Phone:(413) 267 - 5863**

E-mail Address: **egravesharrison@gmail.com**

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

**N**

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** , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name:

City: State: Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 15:30:00:PM** and any details of when the event or action you are complaining about occurred:

**From the time the tornado warnings were announced until the next evening no CC was provided. Deaf and Hard of Hearing individuals had no form of communication to be warned. They had no way of knowing it was headed in this direction until it was too late.**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**WGGB**

b. Channel (e.g., "13"): **Channel 40**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

d. Date(s) and time(s) of emergency: **06/01/2011 15:30:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred): **Tornado in Springfield, Monson, Wilbraham,**

**Westfield, Brimfield,**

6. If your complaint is about closed captioning, provide the following:

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

**WGGB**

b. Channel (e.g., "13"): **Channel 40**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State:

Form 2000C – Disability Access Complaint

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): **Cable**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **Comcast**
- f. Name of program(s) involved: **Channel 22 and 40 News**

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 complainant 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: **There was no CC no real time CC for any of the live news that were indicating warnings and what to do to protect yourself.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

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**Form 2000C – Disability Access Complaint**

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

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In addition, the information that consumers provide when filling out FCC Form 2000 is covered by the system of records notice, FCC/CGB-1, Informal Complaints and Inquiries File (Broadcast, Common Carrier, and Wireless Telecommunications Bureau Radio Services). The Commission is authorized to request this information from consumers under 47 U.S.C. 206, 208, 301, 303, 309(e), 312, 362, 364, 386, 507, and 51; and 47 CFR 1.711 et seq.

Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

Form 2000C – Disability Access Complaint

**Consumer's Information:**

First Name: **Lee** Last Name: **Nettles**

Company Name:

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **50 Kittredege Drive**  
Mailing Address (where mail is delivered)

Address 2:

City: **Westfield** State: **MA** Zip Code: **01085**

Telephone Number (Residential or Business): **Phone:(413) 485 - 7056**

E-mail Address: **leetnettles@comcast.net**

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

**N**

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** , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name:

City: State: Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 15:30:00:PM** and any details of when the event or action you are complaining about occurred:

**There was a torando that hit in my town and surrounding towns. There was no closed captioning on the TV for my local news stations. I had no way of knowing it was on its way to my hometown and when.**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**WWLP**

b. Channel (e.g., "13"): **Channel 22**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

d. Date(s) and time(s) of emergency: **06/01/2011 15:30:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the the areas in which the emergency occurred): **Torando in westfield, Monson, Springfield, West Springfield, Brimfield, and Wilbraham.**

6. If your complaint is about closed captioning, provide the following:

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

**WWLP**

b. Channel (e.g., "13"): **Channel 22**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

**Form 2000C – Disability Access Complaint**

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): **Cable**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **comcast**
- f. Name of program(s) involved: **News on Ch. 40 and Ch. 22**

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 complainant 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: **I would like to see real time closed captioning on all programs but especially the news and live/breaking news. Without this access we have no form of communciation to be warned to the extent that a hearing person does. We are left in the dark until after the fact. In this case it was the next night over 24 hours since it began that we started to have more closed captioning and information but no preventative measures were possible.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

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Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

**Form 2000C – Disability Access Complaint**

**Consumer's Information:**

First Name: **martha** Last Name: **sabin**

Company Name:

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **138 saw mill road**

Address 2:

Mailing Address (where mail is delivered)

City: **springfield** State: **MA** Zip Code: **01118**

Telephone Number (Residential or Business): **Phone:(413) 783 - 8637**

E-mail Address: **martha.sabin@verizon.net**

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

**N**

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: , , **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**

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

Name: **WWLP TV station**

City: **Chicopee** State: **MA** Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 16:00:00:PM**

and any details of when the event or action you are complaining about occurred:

**tornado warning was not presented iin close captioning to the public**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**WWLP**

b. Channel (e.g., "13"): **Channel 22**

c. Station or subscription TV provider system location:

City: **springfield** County: **hampden**

State: **MA**

d. Date(s) and time(s) of emergency: **06/01/2011 16:00:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the the areas in which the emergency occurred): **torando warning**

6. If your complaint is about closed captioning, provide the following:

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

b. Channel (e.g., "13"):

c. Station or subscription TV provider system location:

City : County:

State:

**Form 2000C – Disability Access Complaint**

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): **cable**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **comcast**
- f. Name of program(s) involved:

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 complainant 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: **lack of close captioning during emergencies**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT AND THE PRIVACY ACT**

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**Form 2000C – Disability Access Complaint**

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

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In addition, the information that consumers provide when filling out FCC Form 2000 is covered by the system of records notice, FCC/CGB-1, Informal Complaints and Inquiries File (Broadcast, Common Carrier, and Wireless Telecommunications Bureau Radio Services). The Commission is authorized to request this information from consumers under 47 U.S.C. 206, 208, 301, 303, 309(e), 312, 362, 364, 386, 507, and 51; and 47 CFR 1.711 et seq.

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**Form 2000C – Disability Access Complaint**

**Consumer's Information:**

First Name: **DAVID** Last Name: **LAPOLICE**

Company Name:

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **144 BEAUCHAMP TERRACE**

Address 2:

Mailing Address (where mail is delivered)

City: **CHICOPEE** State: **MA** Zip Code: **01020**

Telephone Number (Residential or Business): **Phone:(413) 452 - 2384**

E-mail Address: **DAVID.LAPOLICE@STATE.MA.US**

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

**N**

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: , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name:

City: State: Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 00:00:00:AM**

and any details of when the event or action you are complaining about occurred:

**NO CLOSED CAPTIONING DURING TORNADO/WEATHER EMERGENCY**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (e.g., "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 (i.e., flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred):

6. If your complaint is about closed captioning, provide the following:

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

b. Channel (e.g., "13"): **22 ; 40**

c. Station or subscription TV provider system location:

City : County:**HAMPDEN**

State: **MA**

**Form 2000C – Disability Access Complaint**

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

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- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite):
- e. If you pay to receive television programming, name of the company to whom you subscribe:
- f. Name of program(s) involved:

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 complainant 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: **REAL TIME CAPTIONING ON ALL PROGRAMS, ESPECIALLY LIVE AND BREAKING NEWS**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

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**Form 2000C – Disability Access Complaint**

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Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

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Form 2000C – Disability Access Complaint

**Consumer's Information:**

First Name: **Timothy** Last Name: **Moriarty**

Company Name:

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **142 Belvidere Street**

Address 2:

Mailing Address (where mail is delivered)

City: **Springfield** State: **MA** Zip Code: **01108**

Telephone Number (Residential or Business): **Phone:(413) 794 - 2502**

E-mail Address: **tjaymor1@verizon.net**

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

**N**

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: , , **ASCII Text**

Form 2000C – Disability Access Complaint

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

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

**Accessibility of emergency information on television  
Closed Captioning**

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

Name: **WWLP/Chicopee, MA WGGB Springfield, MA**

City: **Chicopee/Springfield** State: **MA** Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 12:00:00:PM** and any details of when the event or action you are complaining about occurred:

**On above date, weather forecasts started to alert hearing community of a tornado warning in the area. No closed caption was provided on either network until the following evening, long after the storm had passed. This information was so urgent that Deaf people should have been made aware via closed captioning in real time. A similar situation occurred on 7/26/11 with microbursts in the area. In both cases, the tornado and microbursts hit the immediate Springfield, MA area and many Deaf people were not aware of the severity of the storms.**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**WWLP and WGGB**

b. Channel (e.g., "13"):

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

d. Date(s) and time(s) of emergency: **06/01/2011 12:00:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred): **See above**

6. If your complaint is about closed captioning, provide the following:

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

**WWLP Channel 22**

b. Channel (e.g., "13"): **WGGB Channel 40**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

Form 2000C – Disability Access Complaint

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): **cable**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **Comcast**
- f. Name of program(s) involved: **Emergency News Warnings**

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 complainant 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: **Real time closed captioning on all programs, but especially for emergency broadcasts.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

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**Form 2000C – Disability Access Complaint**

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**Form 2000C – Disability Access Complaint**

**Consumer's Information:**

First Name: **brad** Last Name: **cole**

Company Name: **Dept of Mental health**

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **140 High St, 5th fl**

Address 2:

Mailing Address (where mail is delivered)

City: **Springfield** State: **MA** Zip Code: **01105**

Telephone Number (Residential or Business): **Phone:(413) 452 - 2376**

E-mail Address: **brad.cole@state.ma.us**

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

**N**

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: , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name: **Channels 40 and 22 ABC and NBC**

City: **Springfield** State: **MA** Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 16:00:00:PM**

and any details of when the event or action you are complaining about occurred:

**Tornado warning was not close captioned either was a warning on 7/26/11.**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**40 {ABC} and 22{NBC}**

b. Channel (e.g., "13"):

c. Station or subscription TV provider system location:

City: County:

State:

d. Date(s) and time(s) of emergency: **06/01/2011 16:00:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred): **tornado warning was not closed captioned**

**either was a warning on 7/26/11.**

6. If your complaint is about closed captioning, provide the following:

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

b. Channel (e.g., "13"):

c. Station or subscription TV provider system location:

City: County:

State:

**Form 2000C – Disability Access Complaint**

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite):
- e. If you pay to receive television programming, name of the company to whom you subscribe:
- f. Name of program(s) involved:

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 complainant 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: **it is important to have real time options for hard of hearing individuals especially when there is a potential emergency.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT AND THE PRIVACY ACT**

The Federal Communications Commission is authorized under the Communications Act of 1934, as amended, to collect the personal information that we request in this form. This form is used for complaints that involve disability access. The public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PER, Paperwork Reduction Project (3060-0874), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). **PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.**

**Form 2000C – Disability Access Complaint**

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

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In addition, the information that consumers provide when filling out FCC Form 2000 is covered by the system of records notice, FCC/CGB-1, Informal Complaints and Inquiries File (Broadcast, Common Carrier, and Wireless Telecommunications Bureau Radio Services). The Commission is authorized to request this information from consumers under 47 U.S.C. 206, 208, 301, 303, 309(e), 312, 362, 364, 386, 507, and 51; and 47 CFR 1.711 et seq.

Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

Form 2000C – Disability Access Complaint

**Consumer's Information:**

First Name: **Eva-Maria** Last Name: **Brancewicz**

Company Name:

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **111 Prospect ST. Ext.**

Address 2:

Mailing Address (where mail is delivered)

City: **Westfield** State: **MA** Zip Code: **01085**

Telephone Number (Residential or Business): **Phone:(413) 485 - 7070**

E-mail Address: **Polpriness@yahoo.com**

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

**N**

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** , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name:

City: State: Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 15:30:00:PM** and any details of when the event or action you are complaining about occurred:

**No closed caption about tornado on news**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**wwlp**

b. Channel (e.g., "13"): **22**

c. Station or subscription TV provider system location:

City: **springfield** County: **hampden**

State: **MA**

d. Date(s) and time(s) of emergency: **06/01/2011 15:30:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred): **Here were tornadoes in W. SPringfield,**

**Westfield, SPringfield, Wilbraham, MOnson, Brimfield with no Caption on the news to provide access to deaf and hard of hearing**

6. If your complaint is about closed captioning, provide the following:

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

**wwlp**

b. Channel (e.g., "13"): **22**

c. Station or subscription TV provider system location:

City : **SPringfield** County: **Hampden**

State: **MA**

**Form 2000C – Disability Access Complaint**

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): **Regular TV**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **Regular TV**
- f. Name of program(s) involved: **news**

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 complainant 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: **I complaint about BREAK NEWS - SHOW LIVE with NO Real Time Caption Daily. Please always put Real Time Caption on Real live Break News for my accessible and know what s going on! My family told me where is captioned at that moment of Real Live news reporter talking. NO Captioned! It went on for a long time. Enough. Please Require to have Real Life Caption on ALL news from now on! Thank you**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

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**Form 2000C – Disability Access Complaint**

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Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

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**Form 2000C – Disability Access Complaint**

**Consumer's Information:**

First Name: **Julie** Last Name: **Stoddard**

Company Name: **DMH**

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **140 High St**

Address 2: **Suite 525, 5th floor**

Mailing Address (where mail is delivered)

City: **Springfield** State: **MA** Zip Code: **01105**

Telephone Number (Residential or Business): **Phone:(413) 452 - 2300 Ext:2380**

E-mail Address: **Julie.Stoddard@state.ma.us**

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

**N**

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: , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name:

City: State: Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 16:30:00:PM**  
and any details of when the event or action you are complaining about occurred:

**real time captioning on all programs especially live and breaking news. We were having a tornado in our area at this time and this information did not reach many, due to their hearing disabilities**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (e.g., "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 (i.e., flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred): **tornado- western massachusetts 6/01/11**

**microburst- western massachusetts 07/26/11**

6. If your complaint is about closed captioning, provide the following:

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

**all local tv station**

b. Channel (e.g., "13"):

c. Station or subscription TV provider system location:

City: County:

State: **MA**

**Form 2000C – Disability Access Complaint**

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite):
- e. If you pay to receive television programming, name of the company to whom you subscribe:
- f. Name of program(s) involved:

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 complainant 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: **real time captioning on all programs especially live and breaking news. thank you**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

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**Form 2000C – Disability Access Complaint**

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Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

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Form 2000C – Disability Access Complaint

**Consumer's Information:**

First Name: **John** Last Name: **Morris**

Company Name: **Stavros Center for Independent Living**

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **13 Highland Vlg**

Address 2: **Apt. C**

Mailing Address (where mail is delivered)

City: **Ware** State: **MA** Zip Code: **01082**

Telephone Number (Residential or Business): **Phone:(413) 835 - 6762**

E-mail Address: **johnmorris1963@msn.com**

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

**N**

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: , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name: **TV 40 and TV22**

City: **Springfield** State: **MA** Zip Code: **01105**

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/01/2011 15:00:00:PM**  
and any details of when the event or action you are complaining about occurred:

**Did not provide real time captioning on all programs especailly live and breaking news.  
Tornados touched down and the deaf community did not have access to this information.**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**WWLP and WWGB**

b. Channel (e.g., "13"): **22 and 40**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

d. Date(s) and time(s) of emergency: **06/01/2011 15:00:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the the areas in which the emergency occurred): **Tornados in Springfield, Wilbraham,**

**Monson, and Hampden.**

6. If your complaint is about closed captioning, provide the following:

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

**WWLP and WWGB**

b. Channel (e.g., "13"): **22 and 40**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

**Form 2000C – Disability Access Complaint**

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Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

Form 2000C – Disability Access Complaint

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): **Cable**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **Comcast**
- f. Name of program(s) involved: **News**

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 complainant 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: **Did not provide real time captioning on all programs especially live and breaking news. Tornadoes touched down and the deaf community did not have access to this information.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT AND THE PRIVACY ACT**

The Federal Communications Commission is authorized under the Communications Act of 1934, as amended, to collect the personal information that we request in this form. This form is used for complaints that involve disability access. The public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0874), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.

Form 2000C – Disability Access Complaint

**Consumer's Information:**

First Name: **Eva-Maria** Last Name: **Brancewicz**

Company Name:

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

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **111 Prospect ST. Ext.**

Address 2:

Mailing Address (where mail is delivered)

City: **Westfield** State: **MA** Zip Code: **01085**

Telephone Number (Residential or Business): **Phone:(413) 485 - 7070**

E-mail Address: **Polpriness@yahoo.com**

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

**N**

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** , , **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:

**Accessibility of emergency information on television  
Closed Captioning**

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

Name:

City: State: Zip Code:

Telephone number:

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/26/2011 15:30:00:PM** and any details of when the event or action you are complaining about occurred:

**Tornadoes Warning with Microburst in Western of Mass with No Caption on the news to provide access to deaf and hard of hearing**

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 (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

**wwlp**

b. Channel (e.g., "13"): **22**

c. Station or subscription TV provider system location:

City: **Springfield** County: **Hampden**

State: **MA**

d. Date(s) and time(s) of emergency: **06/26/2011 15:30:00:PM**

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the areas in which the emergency occurred): **Tornado Warning MICROBURST!**

6. If your complaint is about closed captioning, provide the following:

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

**wwlp**

b. Channel (e.g., "13"): **22**

c. Station or subscription TV provider system location:

City : **Springfield** County: **Hampden**

State: **MA**

Form 2000C – Disability Access Complaint

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

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): **regualr TV**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **regular TV**
- f. Name of program(s) involved: **news**

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 complainant 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: **I compalint about Break News- SHOW LIVE with NO Live Real Caption Daily! Please always put Real Time Cpation on Teal Live Break News for my acessible to read caption andknow what s going on with Microburst. I went thru Microburst on highway and alot of cars pulled over. I can not pull over because full cars on emergncy lines. I had no idea how bad it was. I couldnt see thru the windshield. I drove very slow like 5 mph with alot of stopping with warning lights on my car. That was so scary. Same with my pager that was not clear to say about warning. WHEN I got home, where is Real Time Caption on TV news? NO information ! I am required to watch caption on TV news on Real live caption for emergency, warning. Please and Thank you I hope next time to pull over to stay for safety however one tree was down. I couldnt imagine the tree would hit on a car on emerentcy break line? It was amazing weather that I was not aware of!!!**

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