



January 4, 2012

Joseph M. Di Scipio Vice President Legal and FCC Compliance

VIA HAND DELIVERY and EMAIL

Susan Kimmel
Deputy Chief, Disability Rights Office
Consumer & Governmental Affairs Bureau
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

RECEIVED - FCC

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Federal Communications Commission - eau / Office

Re:

Notice of Informal Complaint (Caron) (KOP Network Channel 13)

FCC Case No. 12-C00432530

Dear Ms. Kimmel:

Fox Television Stations, Inc. ("FTS"), the licensee of KTTV and KCOP-TV, Los Angeles, California ("Stations"), in an abundance of caution, hereby responds to the Notice of Informal Complaint, as identified above, dated December 10, 2012 ("NOIC").

The Form 2000C included in the NOIC states that "Since our over-the-air broadcasting conversion from analog to digital 3 months ago, we no longer have closed captioning except on channel 5, KTLA." There are no dates or programs or times identified in the Form 2000C about which the Stations can investigate whether there were any issues with the closed-captioning as broadcast by the Stations. Consequently, it is impossible to respond to this NOIC other than to note that the Stations have no indication of any recent problems with closed captions on the Stations.

Please contact the undersigned should you have any questions regarding this matter.

Sincerely,

Joseph M. Di Scipio

cc: <u>DROinquiries&complaints@fcc.gov</u>

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caroncra@earthlink.net (via email) KTTV and KCOP-TV Public Files

¹ The NOIC is addressed to "KOP Network Channel 13" as a "Multichannel Video Programming Distributor" (MVPD). Neither of the Stations is KOP Network Channel 13 nor is either of them a MVPD. In addition, the NOIC, dated December 10, 2012, was not postmarked until December 28, 2012, and not received at the Station until January 2, 2013. Because this response is filed within two days of receipt of the complaint, it also serves as acknowledgement of the receipt of the complaint to Ms. Caron.

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

OFFICIAL NOTICE OF INFORMAL COMPLAINT

(Caron) (KOP Network Channel 13) FCC Case No. 12-C00432530

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 Multichannel Video Programming Distributor (MVPD), 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 12th St., SW, Washington, D.C. 20554. To expedite processing, please also send a courtesy electronic copy of the response to DROinquiries&complaints@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 DRO inquiries and complaints assistance line at 202-418-7020 or write to DROinquiries&complaints@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, Grean Z. Krumel

Susan L. Kimmel, Deputy Chief

Disability Rights Office

Consumer and Governmental Affairs Bureau

Encl.



Admin 2000 [Switch to Admin1088]

NEW COMPLAINT ASSIGN ADMIN

HELP

DOWNLOAD

Carrier Lookup

All Completed

FOR FCC INTERNAL USE ONLY solita.griffis [ADMIN] Logout Demail Custome to suf

In-Process HOME

Completed

All In-Process

SERVE

SEARCH Served

« Back to Complaints

Form 2000C (Disability Access Complaint): 12-C00432530-1

Sub Complaints(0) Show All File Attachments Serve Review Serve Process Admin Comments **User Form** _etters

USER FORM

Consumer Party History Consumer History _.Form History Edit Form

Added User: Consumer

User Complaint Key: 12-C00432530-1

Complaint Source: Web

User Complaint Number: 12-C00432530

CONSUMER'S INFORMATION Submission date: 10/15/2012

Eirst Name: Craya

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

Last Name: Caron

PO Box

Email Factsheet(s)

Print Form

Address1: 1125 Jackrabbit Trail

City: Twenty-Nine Palms

Address2

State: CA

Zip Code: 92277

Lefephone Number(Residential or Business): (650) 863 -5304 Ext.

ے۔mail Address: caroncra@earthlink.net

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

Your relationship with the party:

The party's first name:

The party's last name:

The party's daytime phone number: () - Ext

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

City: State: Zip Code:

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N	. Provide the name, address and telephone number (if known) of the company(s) involved in your complaint: Name: Do not know - I do not have cable, just over the air-digital
	City: San Bernardino Couth State: CA Zip Code: Telephone number: () -
င္ပ	. 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) Time: and any details of when the event or action you are complaining about occurred: Since our over-the-air broadcasting conversion from analog to digital 3 months ago, we no longer have closed captioning.
Ċī	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:

<u>a</u> Date(s) and time(s) of emergency: and time

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

- If your complaint is about video description or closed captioning on television, provide the following:
- Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):
- Channel (e.g., "13"): 2,4,7,11,31
- Station or subscription TV provider system location:

City: County: State:

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- If you pay to receive television programming, name of company to whom you subscribe

If you pay to receive television programming, type of subscription service (e.g., cable, satellite):

- Name of program(s) involved: All, except channel 5, KTLA
- 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 is being made. Since our over-the-air broadcasting conversion from analog to digital 3 months ago, we no longer the complaint is made, and the date or dates on which the complaint either purchased, acquired or used, or attempted to have closed captioning except on channel 5, KTLA. purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint



KCOP (13) and FOX (11) Attn: Jill Brow-Weller 1999 S. Bundy Drive L.A. California, 90025

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