

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

OFFICIAL  
NOTICE OF INFORMAL COMPLAINT

December 10, 2012  
(Caron) (KOP Network Channel 13)  
FCC Case No. 12-C00432530 -567

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 12<sup>th</sup> St., SW, Washington, D.C. 20554. To expedite processing, please also send a courtesy electronic copy of the response to [DROinquiries&complaints@fcc.gov](mailto: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](mailto: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,



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

Encl.



Admin 2000 [ Switch to Admin1088 ]

solita.griffis [ADMIN] Logout

*email restore to box*  
FOR FCC INTERNAL USE ONLY  
*analos (box)*

HOME    SERVE    SEARCH    NEW COMPLAINT    ASSIGN    ADMIN    HELP    DOWNLOAD     
In-Process    Completed    Served    All In-Process    All Completed    Carrier Lookup

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

« Back to Complaints

User Form
Admin Comments
Serve Review
Serve Process
File Attachments
Letters
Show All
Sub Complaints(0)
Print Form
Email Factsheet(s)

USER FORM

User Complaint Number: 12-C00432530

Consumer Party History

Consumer History

Form History

Edit Form

User Complaint Key: 12-C00432530-1

Complaint Source: Web

Added User: Consumer

Submission date: 10/15/2012

CONSUMER'S INFORMATION

First Name: Craya

Last Name: Caron

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

PO Box:

Address1: 1125 Jackrabbit Trail

Address2:

City: Twenty-Nine Palms

State: CA Zip Code: 92277

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

E-mail Address: caroncra@earthlink.net

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

The party's first name:

The party's last name:

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

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

City: State: Zip Code:

E-mail Address:

Fax Number: () -

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

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

**FORM 2000C:**

- Check the appropriate box for your type of complaint:
  - Telecommunications Relay Service (TRS) (i.e., TTY-based, IP Relay, CapTel, IP CapTel, Speech-to-Speech, Video Relay Service (VRS))
  - Accessibility of emergency information on television
  - Closed Captioning
  - Wireless telephone equipment or service (includes hearing aid compatibility and other accessibility issues)
  - Wire line telephone equipment or service (includes hearing aid compatibility and other accessibility issues)
  - Video Description (audio narrated descriptions of a TV program's key visual elements)
- 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: () -
- 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:
- 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 except on channel 5, KTLA.**
- If your complaint is about access to emergency information on television, provide the following information:
  - Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):
  - Channel (e.g., "13"):
  - Station or subscription TV provider system location:

City: County: State:

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

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 video description or closed captioning on television, 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"): **2,4,7,11,31**

c. Station or subscription TV provider system location:

City: County: State:

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 company to whom you subscribe:

f. Name of program(s) involved: **All, except channel 5, KTLA**

7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complaint either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made. **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.**