

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

OFFICIAL
NOTICE OF INFORMAL COMPLAINT

November 13, 2013

In reply refer to case number: 13-C00531172-1-JM
13-C00531649-1-JM
13-C00533093-1-JM
13-C00533095-1-JM
13-C00533098-1-JM
AT&T (Carter)

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 Susan.Kimmel@fcc.gov AND to Judy.Miller@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 or email Judy Miller at (202) 418-1468 or Judy.Miller@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
Consumer and Governmental Affairs Bureau

Cc: ABC
Attachments

Form 2000C – Disability Access Complaint

Consumer's Information:

First Name: **Carrie** Last Name: **Carter**

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: **1401 Village Blvd Apt#1814**

Address 2:

Mailing Address (where mail is delivered)

City: **West Palm Beach** State: **FL** Zip Code: **33409**

Telephone Number (Residential or Business): **Phone:(561) 800 - 0404**

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

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

No

If yes, complete items a through h.

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

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

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 on television (from a television station or subscription TV provider, for example, cable, fiber optic or satellite)
- Closed Captioning of television programs streamed or downloaded from the Internet (for example, to your computer, tablet, smartphone, television, video game console, or other Internet-enabled device)

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

Name:

City: State: Zip Code:

Telephone number:

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

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy): **09/25/2013 02:00:00 PM**

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

Delayed close captions. This is my 3rd time to complain to FCC for the same show and same time slot. This problem has been frequented during this month (September).

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

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

ABC

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

c. Station or subscription TV provider system location:

City: County:

State:

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

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

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

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

ABC

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

c. Station or subscription TV provider system location:

City: **West Palm Beach** County: **Palm Beach**

State: **FL**

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 (for example, cable, Satellite):
- e. If you pay to receive television programming, name of the company to whom you subscribe: **AT & T Userve**
- f. Name of program(s) involved: **General Hospital**
7. If your complaint is about closed captioning of television programs streamed or downloaded from the Internet, provide the following information:
- a. Information about the program viewed (for example, "Orange Blossoms, Season 3, Episode 6"):
- b. Name, address, website, or e-mail address of the program distributor, provider, and/or owner (for example, "WZUF-CBC.com," "WZUE-TV.com," "SportingchannelWest.com," "TV&MoviesOnline"):
- c. Information about the device or software used to view the program (for example, manufacturer, model, name of video player software or application):
- d. Date (mm/dd/yyyy) and time the program was viewed.
8. 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:
- Delayed close captions during the 9/25/2013 episode of GENERAL HOSPITAL. I am not able to follow the conversations among these characters due to lots of delay in captioning. This is my 3rd time to complain to FCC for the same show and same time slot. This problem has been frequent during this month (September) and since the first complainant filed on March 1st, 2013. This same issue has NOT yet been resolved and I am seeking the resolution so it won't be happening again. It's really annoying that it became more frequent.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to 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).

Form 2000C – Disability Access Complaint
***** ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT *****

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. PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060 - 0874.

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: **Carrie** Last Name: **Carter**

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: **1401 Village Blvd Apt#1814**

Address 2:

Mailing Address (where mail is delivered)

City: **West Palm Beach** State: **FL** Zip Code: **33409**

Telephone Number (Residential or Business): **Phone:(561) 800 - 0404**

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

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

No

If yes, complete items a through h.

a. Your relationship with the party:

b. The party's first name:

c. The party's last name:

d. The party's daytime phone number:

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

f. City: State: Zip Code:

g. E-mail address:

h. Fax Number:

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

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 on television (from a television station or subscription TV provider, for example, cable, fiber optic or satellite)

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 hearing aid compatibility, provide the make and model number of the telephone:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy): **09/26/2013 02:00:00 PM**

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

Delayed closed captioning; unable to follow the current conversation during the 9/26/2013 episode of GENERAL HOSPITAL. This is NOT the first time I've filed this complainant. This is my 4th complainant so far, including yesterday's complainant filed on 9/25/2013.

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

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

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

c. Station or subscription TV provider system location:

City: County:

State:

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

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

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

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

General Hospital

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

c. Station or subscription TV provider system location:

City: **West Palm Beach** County: **Palm Beach**

State: **FL**

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 (for example, cable, Satellite): **cable**
- e. If you pay to receive television programming, name of the company to whom you subscribe: **AT&T Userve**
- f. Name of program(s) involved: **GENERAL HOSPITAL**
7. If your complaint is about closed captioning of television programs streamed or downloaded from the Internet, provide the following information:
- Information about the program viewed (for example, "Orange Blossoms, Season 3, Episode 6"):
 - Name, address, website, or e-mail address of the program distributor, provider, and/or owner (for example, "WZUF-CBC.com," "WZUE-TV.com," "SportingchannelWest.com," "TV&MoviesOnline"):
 - Information about the device or software used to view the program (for example, manufacturer, model, name of video player software or application):
 - Date (mm/dd/yyyy) and time the program was viewed.
8. 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:
- See Number #4 for the description. I'd like the resolution for the frequent problem inflicted on this same TV program in the same time slot. This is my 4th complainat that I filed....I find it very annoying that it has NOT yet resolved since the first complainant filed on March 1st, 2013.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to 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).

Form 2000C – Disability Access Complaint

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

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

- Closed Captioning on television (from a television station or subscription TV provider, for example, cable, fiber optic or satellite)

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

Name: **ABC Network**

City: State: Zip Code:

Telephone number:

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

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy): **10/11/2013 02:00:00 PM**

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

Delayed closed captioning during the episode of GENERAL HOSPITAL

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

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

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

c. Station or subscription TV provider system location:

City: County:

State:

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

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

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

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

General Hospital

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

c. Station or subscription TV provider system location:

City: **West Palm Beach** County: **Palm Beach**

State: **FL**

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 (for example, cable, Satellite): **AT & T**
 - e. If you pay to receive television programming, name of the company to whom you subscribe:
 - f. Name of program(s) involved: **GENERAL HOSPITAL**
7. If your complaint is about closed captioning of television programs streamed or downloaded from the Internet, provide the following information:
- a. Information about the program viewed (for example, "Orange Blossoms, Season 3, Episode 6"):
 - b. Name, address, website, or e-mail address of the program distributor, provider, and/or owner (for example, "WZUF-CBC.com," "WZUE-TV.com," "SportingchannelWest.com," "TV&MoviesOnline"):
 - c. Information about the device or software used to view the program (for example, manufacturer, model, name of video player software or application):
 - d. Date (mm/dd/yyyy) and time the program was viewed.
8. 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:
- The closed captioning has been delayed during the conversations among the characters on GENERAL HOSPITAL. This is NOT the first time I've filed the complainant. I have filed numerous complainants regarding the SAME issue during the same TV program. This has been very annoying that this issue has NOT yet been resolved.**

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

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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

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

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

- **Closed Captioning on television (from a television station or subscription TV provider, for example, cable, fiber optic or satellite)**

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

Name: **ABC Network**

City: State: Zip Code:

Telephone number:

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

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy): **10/14/2013 02:00:00 PM**

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

Delayed closed captioning during the conversations among characters on this date's episode.

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

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

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

c. Station or subscription TV provider system location:

City: County:

State:

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

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

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

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

ABC

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

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 (for example, cable, Satellite): **AT & T**
- e. If you pay to receive television programming, name of the company to whom you subscribe:
- f. Name of program(s) involved: **GENERAL HOSPITAL**
7. If your complaint is about closed captioning of television programs streamed or downloaded from the Internet, provide the following information:
- Information about the program viewed (for example, "Orange Blossoms, Season 3, Episode 6"):
 - Name, address, website, or e-mail address of the program distributor, provider, and/or owner (for example, "WZUF-CBC.com," "WZUE-TV.com," "SportingchannelWest.com," "TV&MoviesOnline"):
 - Information about the device or software used to view the program (for example, manufacturer, model, name of video player software or application):
 - Date (mm/dd/yyyy) and time the program was viewed.
8. 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:
- The closed captioning has been delayed during the conversations among the characters on GENERAL HOSPITAL. THIS is NOT the first time I've filed the complainant. I have filed numerous complainants regarding the SAME issue during the same TV program. This has been very annoying that this issue has NOT yet been resolved.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to 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).

Form 2000C – Disability Access Complaint

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

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. PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060 - 0874.

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: **Carrie** Last Name: **Carter**

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: **1401 Village Blvd Apt#1814**
Mailing Address (where mail is delivered)

Address 2:

City: **West Palm Beach** State: **FL** Zip Code: **33409**

Telephone Number (Residential or Business):

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

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

No

If yes, complete items a through h.

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

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

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 on television (from a television station or subscription TV provider, for example, cable, fiber optic or satellite)

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

Name: **ABC Network**

City: State: Zip Code:

Telephone number:

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

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy): **10/17/2013 02:00:00 PM**

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

Delayed and FROZEN closed captioning among the conversations between the characters on this date's episode. Unable to follow the conversations when the CC was delayed.

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

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

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

c. Station or subscription TV provider system location:

City: County:

State:

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

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

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

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

ABC

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

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 (for example, cable, Satellite): **AT & T**
- e. If you pay to receive television programming, name of the company to whom you subscribe:
- f. Name of program(s) involved: **GENERAL HOSPITAL**

7. If your complaint is about closed captioning of television programs streamed or downloaded from the Internet, provide the following information:

- a. Information about the program viewed (for example, "Orange Blossoms, Season 3, Episode 6"):
- b. Name, address, website, or e-mail address of the program distributor, provider, and/or owner (for example, "WZUF-CBC.com," "WZUE-TV.com," "SportingchannelWest.com," "TV&MoviesOnline"):
- c. Information about the device or software used to view the program (for example, manufacturer, model, name of video player software or application):
- d. Date (mm/dd/yyyy) and time the program was viewed.

8. 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:

The closed captioning has been delayed during the conversations among the characters on GENERAL HOSPITAL. This is NOT the first time I've filed the complainant. I have filed numerous complainants regarding the SAME issue during the same TV program. This has been very annoying that this issue has NOT yet been resolved.

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Federal Communications Commission
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Washington, D.C. 20554

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Form 2000C – Disability Access Complaint

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

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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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