FAIRFAX COUNTY DEPARTMENT OF CABLE AND CONSUMER SERVICES

12000 Government Center Parkway, Suite 433

Fairfax, VA 22035

www.fairfaxcounty.gov/cableconsumer/csd/consumer

 Telephone 703-222-8435
 Fax 703-653-1310
 TTY 711

COMPLAINANT INFORMATION

Name				
Address	City	State	Zip	_
Phone (work)(home)	(cell)			
Email				
RESPONDENT INFORMATION				
Name				
Address	City	State	Zip	
Phone (work)(home)	(cell)			
Email				
(1) Date of Transaction:				
(2) Have you contacted the Respondent ab	out the complaint? Y	es∟No ∟		
(3) If yes, what was the outcome?				
(4) Did you sign a contract or lease? Yes Is copy enclosed? Yes □ No □		tion date		-
(5) What resolution would you consider to	be mutually fair?			
(6) Dollar amount in dispute, if applicable (\$			
(7) What other agencies/organizations have	e you contacted for ass	istance?		
PLEASE GIVE A COMPLETE DESCRIPTIO	N OF YOUR COMPLAIN	IT ON THE REVERS	SE SIDE	

- FOR OFFICE USE ONLY -

Alleged Nature of Complaint:		Complaint Code:	Complaint Code: ST: CAT:		
Date Opened:		Reportable:			
Respondent Code:		Resolved Code:			
Final Amount:		Reportable:			
Reviewed:	Reviewed by:	Date Closed:			

COMPLAINT FORM

PLEASE TYPE OR PRINT IN INK AND SIGN AT THE BOTTOM

Please note that a copy of your complaint will be forwarded to the Respondent.

Description of Complaint:

1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	
1	

PLEASE READ DISCLOSURE STATEMENTS

All information provided to this office is available for public inspection under the Virginia Freedom of Information Act (§2.2-3700, et seq., Code of Virginia), except in the case of ongoing investigations. Closed complaints will be retained for one year after closure and then destroyed.

The information requested on this form and on any subsequent requests for additional information are subject to the Virginia Government Data Collection and Dissemination Practices Act (§ 2.2-3800, et seq., Code of Virginia).

By signing this form, you authorize the Consumer Affairs Branch and any other local, state, or federal agencies to which we may refer your case, to evaluate your complaint, to contact you, and take whatever lawful actions are deemed appropriate in your case.

By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information, and belief.

<u></u> .				
SI	gr	۱at	۱ır	P.
0	<u>9</u> .	iui	S.C.I.	<u> </u>