COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

Consumer Complaint Form

Today's Date: ____/____/____

Complete this form in its entirety and mail, email or fax it using the information below. If you have any questions, contact the Consumer Division by phone at 1-800-392-6066, Monday to Friday from 9am to 5pm.

Mail: Department of Telecommunications and Cable
Attention: Consumer Division
1 Federal Street, Suite 0740
Boston, MA 02110

Email: consumer.complaints@mass.gov

Fax: 617-988-8288

Company Name: _____ **Your Account Number**: _____

Please write legibly. If more space is needed, attach additional pages.

Name:		
Street Address:		
City:	**State**:	**Zip Code**:
Phone:	**Email**:	

Complaint Summary:_____

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Please check the box below for authorization:

☐ I authorize your agency to contact my service provider and release to the DTC any and all information with regard to this complaint.

Disclosure: The text of your complaint will be considered public record and be available to any member of the public upon request. Generally, we do not disclose your name, address, phone number or any other information that identifies you and will not disclose this form.