

## COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

## **Consumer Complaint Form**

Today's Date:/			
Please complete this form in its entirety and either mail or fax it to the address or fax number below.			
Mail to: Department of Telecommunications and Cable Consumer Division Attn: Mail-In Complaints 1000 Washington Street, Suite 600 Boston, MA 02118-6500			
Consumer Division Phone: 1-800-392-6066 (toll free)/Consumer Division Fax: 617-988-8288			
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.			
tility Company Name: Your Account Number:			
Please write legibly. If more space is needed to address your complaint please attach additional pages.			
Name:			
Street Address:			
City/Town	State:		Zip Code:
Home Phone:		Daytime Phone:	
What is your 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.