

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 _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

- (1) Date of Transaction: _____
- (2) Have you contacted the Respondent about the complaint? Yes No
- (3) If yes, what was the outcome? _____
- (4) Did you sign a contract or lease? Yes No Expiration date _____
 Is copy enclosed? Yes No
- (5) What resolution would you consider to be mutually fair? _____
- (6) Dollar amount in dispute, if applicable \$ _____
- (7) What other agencies/organizations have you contacted for assistance? _____

PLEASE GIVE A COMPLETE DESCRIPTION OF YOUR COMPLAINT ON THE REVERSE SIDE**- FOR OFFICE USE ONLY -**

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

