



COMPLAINT AGAINST MEDIACOM CABLE SERVICES

Please type or print legibly.

Date: _____

A. 1. Name _____
Address _____
Telephone Number _____

B. What is your Complaint? Include specific details that may be helpful to the Commission.

C. State what effort, if any, you have taken to resolve this matter with the Cable Company including telephone calls, correspondence, and the dates, if such are available.

Your effort was: _____
_____ on _____
_____ (date) when you dealt with whom: _____
_____. The result was _____
_____ on _____.

D. Attach any supporting information (i.e., documents, correspondence, or other evidence) to be submitted with your complaint.

Are there such attachments: ___ No ___ Yes ___ Number of Pages

E. You are entitled to be present and speak when the Commission hears this Complaint. Please indicate whether you wish to appear.

___ Yes ___ No

Individual Complainant

The handling of this complaint by the Commission is subject to the procedure of hearing complaints as found in the Commission's bylaws. Copies of this procedure are on file and available from the City Attorney's Office. A record of any hearings relating to this complaint will be maintained and opened to public inspection.

Mail or deliver to: City Attorney, City of Carbondale, 200 South Illinois Avenue, P.O. Box 2047, Carbondale, IL 62901