

**TELECOMMUNICATIONS SERVICE COMPLAINT FORM**

Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_, WV \_\_\_\_\_

County: \_\_\_\_\_

Telecommunications Provider: \_\_\_\_\_

Telephone Number Associated with Account: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Date/dates the outage occurred?  
\_\_\_\_\_

Have you contacted your provider (dates)? \_\_\_\_\_

What was the provider's response?  
\_\_\_\_\_

Is this a public safety/ emergency response concern? \_\_\_\_\_

Where did the outage occur (residence, business, etc.)? \_\_\_\_\_

City \_\_\_\_\_, WV \_\_\_\_\_

What service was effected/prevented (internet, cell service, landline, etc.)? \_\_\_\_\_

Please provide a detailed explanation of your concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Received by: \_\_\_\_\_ District Office in \_\_\_\_\_

*Congressman David B. McKinley, P.E.  
First Congressional District of West Virginia*