



WASHINGTON TELECOMMUNICATIONS RELAY SERVICES

Consumer Response

This form is for use by people who use the Relay Service. You may use this form to file a complaint or to give a compliment. The form must be filled out completely or it will not be accepted. You must mail your completed Consumer Response to ODHH, at the address below.

If you have any questions or comments about this form, please contact the ODHH TRS Program Manager.

Send your completed Consumer Response to:

Office of the Deaf and Hard of Hearing (ODHH) Washington Telecommunications Relay Service (WATRS)		
4450 10 th Ave SE PO Box 45301 Lacey, WA 98503-5301	(800) 422-7930 V/TTY (360) 725-3455 TTY (360) 725-3456 FAX	VP: 360-339-7382 Email: askwashingtonrelay@dshs.wa.gov Web: www.washingtonrelay.com

Please type or print clearly.

1. Consumer Information			
NAME	TELEPHONE NUMBER		
	<input type="checkbox"/> Voice	<input type="checkbox"/> VP	
	<input type="checkbox"/> TTY	<input type="checkbox"/> Other	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
2. Call Information			
DATE OF CALL (MM/DD/YYYY)	TIME OF CALL	TYPE OF RELAY	USED
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Voice <input type="checkbox"/> STS <input type="checkbox"/> TTY <input type="checkbox"/> HCO <input type="checkbox"/> CapTel <input type="checkbox"/> TB <input type="checkbox"/> VCO <input type="checkbox"/> Spanish	
RELAY OPERATOR'S (RO) NUMBER			
RELAY PROVIDER'S COMPANY NAME		NATURE OF RESPONSE	
		<input type="checkbox"/> Complaint <input type="checkbox"/> Compliment	
3. Service Complaints			
<input type="checkbox"/> Relay Operator disconnected caller <input type="checkbox"/> Relay Operator was rude <input type="checkbox"/> Relay Operator did not keep me informed <input type="checkbox"/> Answer wait time was too long <input type="checkbox"/> Dial out time was too long <input type="checkbox"/> Relay Operator did not follow instructions <input type="checkbox"/> Relay Operator did not relay everything <input type="checkbox"/> Feelings were not described <input type="checkbox"/> Background noise was not relayed <input type="checkbox"/> Too much noise in the relay center		<input type="checkbox"/> Relay Operator had poor spelling <input type="checkbox"/> Relay Operator had poor voice tone <input type="checkbox"/> Relay Operator did not use recording feature <input type="checkbox"/> HCO procedures were not followed <input type="checkbox"/> VCO procedures not followed <input type="checkbox"/> 2-line VCO procedures not followed <input type="checkbox"/> Spanish relay service was poor <input type="checkbox"/> STS relay service was poor <input type="checkbox"/> Other service type:	

4. Technical Complaints	
<input type="checkbox"/> Charged for a local call <input type="checkbox"/> Garbled messages <input type="checkbox"/> Database not available <input type="checkbox"/> Line to relay service was disconnected	<input type="checkbox"/> Trouble linking to relay services <input type="checkbox"/> My number lost its branding <input type="checkbox"/> Split screen <input type="checkbox"/> Other technical type:
5. Comments Please explain your complaint or compliment below:	
6. Complaint Resolution Date of resolution: Explanation of resolution:	
CONSUMER'S SIGNATURE	DATE (MM/DD/YYYY)
CONSUMER'S PRINTED NAME	TRACKING NUMBER (OFFICIAL USE)

For Official Use Only		
TRACKING NUMBER	DATE (MM/DD/YYYY)	STATE RELAY CENTER
PERSON TAKING CLIENT INFORMATION	SIGNATURE	TITLE