

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 ODHH.

Send your completed Consumer Response to:

Office of the Deaf and Hard of Hearing (ODHH) Washington Telecommunications Relay Service (WATRS)		
1115 Washington St. SE PO Box 45301 Olympia, WA 98504-5301	(800) 422-7930 V/TTY (360) 902-8000 V/TTY (360) 902-0855 FAX	VP: 360-339-7382 E-mail: askwashingtonrelay@dshs.wa.gov Web: www.washingtonrelay.com
For Official Use Only		
TRACKING NUMBER	DATE (MM/DD/YYYY)	STATE RELAY CENTER
PERSON TAKING CLIENT INFORMATION	SIGNATURE	TITLE

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
E-MAIL ADDRESS			
2. Call Information			
DATE OF CALL (MM/DD/YYYY)	TIME OF CALL <input type="checkbox"/> am <input type="checkbox"/> pm	TYPE OF RELAY USED	
RELAY OPERATOR'S (RO) NUMBER		<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	
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 had poor spelling |
| <input type="checkbox"/> Relay Operator was rude | <input type="checkbox"/> Relay Operator had poor voice tone |
| <input type="checkbox"/> Relay Operator did not keep me informed | <input type="checkbox"/> Relay Operator did not use recording feature |
| <input type="checkbox"/> Answer wait time was too long | <input type="checkbox"/> HCO procedures were not followed |
| <input type="checkbox"/> Dial out time was too long | <input type="checkbox"/> VCO procedures not followed |
| <input type="checkbox"/> Relay Operator did not follow my instructions | <input type="checkbox"/> 2-line VCO procedures not followed |
| <input type="checkbox"/> Relay Operator did not follow database instructions | <input type="checkbox"/> Spanish relay service was poor |
| <input type="checkbox"/> Relay Operator did not relay everything | <input type="checkbox"/> STS relay service was poor |
| <input type="checkbox"/> Feelings were not described | <input type="checkbox"/> Other service type: |
| <input type="checkbox"/> Background noise was not relayed | |
| <input type="checkbox"/> Too much noise in the relay center | |

4. Technical Complaints

- | | |
|---|--|
| <input type="checkbox"/> Charged for a local call | <input type="checkbox"/> Trouble linking to relay services |
| <input type="checkbox"/> Garbled messages | <input type="checkbox"/> My number lost it's branding |
| <input type="checkbox"/> Database not available | <input type="checkbox"/> Split screen |
| <input type="checkbox"/> Line to relay service was disconnected | <input type="checkbox"/> Other technical type: |

5. Miscellaneous Complaints

- | | |
|--|--|
| <input type="checkbox"/> Rates | <input type="checkbox"/> Network recording |
| <input type="checkbox"/> Carrier of Choice | <input type="checkbox"/> 900-number access |
| | <input type="checkbox"/> Other miscellaneous type: |

6. Comments

Please explain your complaint or compliment below:

7. Complaint Resolution

Date of resolution:

Explanation of resolution:

CONSUMER'S SIGNATURE

DATE (MM/DD/YYYY)

CONSUMER'S PRINTED NAME

TRACKING NUMBER (OFFICIAL USE)