



Do Not Hang Up Complaint

WASHINGTON TELECOMMUNICATIONS RELAY SERVICES

Consumer Response

This form is for use by Relay Users. Please use this form if you wish to file a complaint because you were hung up on by the person(s) or business that you called through the relay. The form must be filled out completely or it will not be accepted. You must mail your completed Consumer Response form to ODHH, at the address below.

If you have any questions or comments about this form, please contact ODHH.

Send your completed Consumer Response form 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) 339-7382 VP LN (360) 902-0855 FAX	VP IP : 65.113.246.110 E-mail: askwashingtonrelay@dshs.wa.gov Web: www.washingtonrelay.com/hangup.htm

Please type or print clearly.

1. Consumer Information			
NAME	PHONE 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	TYPE OF RELAY USED	
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Voice	<input type="checkbox"/> VCO
RELAY OPERATOR'S (RO) NUMBER		<input type="checkbox"/> TTY	<input type="checkbox"/> STS
		<input type="checkbox"/> CapTel	<input type="checkbox"/> HCO
RELAY PROVIDER'S COMPANY NAME		<input type="checkbox"/> TB	<input type="checkbox"/> IP
		<input type="checkbox"/> VRS	
		<input type="checkbox"/> Wireless	
RELAY PROVIDER'S COMPANY NAME	NATURE OF RESPONSE		
CONSUMER'S SIGNATURE	DATE (MM/DD/YYYY)	<input type="checkbox"/> Complaint	<input type="checkbox"/> Compliment
		<input type="checkbox"/> Not satisfied	<input type="checkbox"/> Satisfied
CONSUMER'S PRINTED NAME	TRACKING NUMBER (OFFICIAL USE)		
To better serve the business that hung up on you, provide information relating to the relay call to this business.			
NAME OF BUSINESS CALLED		BUSINESS PHONE NUMBER	
Comments: _____			

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