

# 2003 FCC Form 478-Feb Telecommunications Slamming Complaint Reporting Form

Approval by OMB

>>> Please read instructions before completing.<<<

Due February 18, 2003

3060-0787

<b>Block 1: Filer Identification Information</b>		101	Filer 499 ID
102	Legal name of reporting entity		
103	Complete mailing address of reporting entity's corporate headquarters		
104	Name(s) reporting entity uses to provide telecommunications service (Use additional sheets, if necessary.)		
105	Complete mailing address of the entity that provides telecommunications service using the dba(s) in Line 104, if different from the address shown in Line 103		
106	Number of end-user subscribers of the reporting carrier as of December 31, 2002		
107	If this report does not cover July 1, 2002 through December 31, 2002, indicate the period covered		

<b>Block 2: Contact Information</b>	
108	Person who completed this form
109	Telephone number of this person <span style="float: right;">Extension</span>
110	Fax number of this person
111	E-mail address of this person

<b>Block 3: Complaints That You Received or Resolved Alleging That You Slammed a Consumer</b>	
To be completed by all telephone exchange and toll service providers. (See instructions.)	
112	If you have no unresolved complaints from prior reporting periods and you received no slamming complaints between July 1 and December 31 of the reporting year, then check the certification box to the right and skip to Block 5. <input type="checkbox"/>
113	Consumer slamming complaints unresolved as of June 30, 2002
114	Consumer slamming complaints received from July 1, 2002 through December 31, 2002
115	Consumer slamming complaints resolved during the period July 1, 2002 through December 31, 2002
116	Of the number reported on Line 115, the number that were investigated
117	Of the number reported on Line 115, the number that proved to be valid complaints
118	Of the number reported on Line 115, the number the reporting entity directly resolved with consumers
119	Consumer slamming complaints unresolved as of December 31, 2002. [Line 113 + Line 114 - Line 115]

<b>Block 4: Complaints That You Received Alleging That Another Carrier Slammed a Consumer</b>		
To be completed by carriers that provide wireline and fixed wireless local exchange service to end-user subscribers.		
Names of carriers alleged to have slammed one of your local exchange service subscribers	Check if affiliate	No. of slamming allegations received about carrier July 1 through December 31
120		
121		
122		
123		
124		
125		
Use additional sheets, if necessary. (Space is provided below for electronic filing.)		

<b>Block 5: CERTIFICATION: to be Signed by an Officer of the Filer</b>	
126 Provide additional information or explanations, as needed. Use additional sheets, if necessary.	
I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report, and, to the best of my knowledge, information, and belief, all statements of fact contained in this Form are true.	
127	Signature
128	Printed name of officer
129	Position with reporting entity
130	Date
131	This filing is: <input type="checkbox"/> Original filing <input type="checkbox"/> Revised filing

Send this form to: FCC, CGB, Reference Information Center, FCC Form 478, Room CY-A257, 445 12th St., S.W., Washington, D.C., 20554; or by e-mail: [slamming478@fcc.gov](mailto:slamming478@fcc.gov); by fax to: (202) 418-0037. For more information contact the Reference Information Center at (202) 418-0270.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001