



2016 TRB Form 478–Aug
Telecommunications Slamming Complaint Reporting Form
 Due Aug. 15, 2016

Block 1: Filer Identification Information		101	JRT-CERT- _ _ _ _
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 Line 103		
106	Number of end-user subscribers of the reporting carrier as of June 30, 2016		
107	If this report does not cover January 1, 2016 through June 30, 2016, indicate the period covered.		
Block 2: Contact Information			
108	Person who completed this form		
109	Telephone number of this person	()	Extension
110	Fax number of this person	()	
111	E-mail address of this person		
Block 3: Complaints That You Received or Resolved Alleging That You Slammed a Consumer To be completed by all telephone exchange and toll service providers.			
112	If you have no unresolved complaints from prior reporting periods and you received no slamming complaints between January 1 and June 30 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 December 31, 2015		
114	Consumer slamming complaints received from January 1, 2016 through June 30, 2016		
115	Consumer slamming complaints resolved during the period January 1, 2016 through June 30, 2016		
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 June 30, 2016. (Line 113 + Line 114 + Line 115)		
Block 4: Complaints That You Received Alleging That Another Carrier Slammed a Consumer 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 January 1 through June 30
120			
121			
122			
123			
124			
125			
Use additional sheets, if necessary,			
Block 5: CERTIFICATION: to be signed by an Officer of the Filer			
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		



2016 TRB Form 478–Feb
Telecommunications Slamming Complaint Reporting Form
 Due Feb. 15, 2017

Block 1: Filer Identification Information		101	JRT-CERT- _ _ _ _
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 Line 103		
106	Number of end-user subscribers of the reporting carrier as of December 31, 2016		
107	If this report does not cover July 1, 2016 through December 31, 2016, indicate the period covered.		
Block 2: Contact Information			
108	Person who completed this form		
109	Telephone number of this person	()	Extension
110	Fax number of this person	()	
111	E-mail address of this person		
Block 3: Complaints That You Received or Resolved Alleging That You Slammed a Consumer To be completed by all telephone exchange and toll service providers.			
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, 2016		
114	Consumer slamming complaints received from July 1, 2016 through December 31, 2016		
115	Consumer slamming complaints resolved during the period July 1, 2016 through December 31, 2016		
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, 2016. (Line 113 + Line 114 + Line 115)		
Block 4: Complaints That You Received Alleging That Another Carrier Slammed a Consumer 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,			
Block 5: CERTIFICATION: to be signed by an Officer of the Filer			
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