



Federal Communications Commission
Consumer & Governmental Affairs Bureau
445 12th Street, SW
Washington, D.C. 20554

Received & Inspected

DEC 07 2012

FCC Mail Room

Date:11/19/2012

BARBARA SCHMIDT
729-86TH AVE NW
COON RAPIDS, MN 55433



Dear Consumer:

Re: Complaint # 12-C00439408-1

Thank you for contacting the Federal Communications Commission (Commission or FCC). We appreciate hearing from you and understand your concerns about the importance of Video Relay Service (VRS) for deaf and hard of hearing persons who use American Sign Language. Title IV of the Americans with Disabilities Act (ADA) requires the FCC to identify reimbursement rates for all TRS providers. This process of establishing the reasonable compensation rates for the various forms of TRS reflects the Commission's twin obligations of ensuring that providers are compensated for the "reasonable" and "fair" costs of providing eligible TRS services, and ensuring the integrity of the Interstate TRS Fund.

The Commission has an open rulemaking docket, CG Docket No. 03-123, to address the annual reimbursement rates for all forms of TRS, including VRS. An open rulemaking on VRS reform is CG Dkt. No. 10-51. Your comments have been filed in the appropriate docket and will be considered along with other comments and reply comments in the proceeding.

Again, thank you for contacting us about this important issue.

Sincerely,

Susan Kimmel, Deputy Chief
Disability Rights Office
Consumer & Governmental Affairs Bureau

Form 2000C Disability Access Complaint

*** ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT ***

1. Check the appropriate box for your type of complaint:

Telecommunications Relay Service (TRS)

(i.e., TTY-based, IP Relay, CapTel, IP CapTel, Speech-to-Speech, Video Relay Service (VRS))

2. Provide the name, address and telephone number (if known) of the company(s) involved in your complaint:

Name: *Sorenson VP*

City: State: Zip Code:

Telephone number:

3. If your complaint is about accessibility of telecommunications services or equipment, provide the make and model number of the equipment or device that this complaint is about:

Want to continue to use VRS for all my calls as I cant hear on the phone....

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) :

and any details of when the event or action you are complaining about occurred:

Has happened but can't remember when. I then wait till tomorrow to read about it in the newspapers!

5. If your complaint is about access to emergency information on television, provide the following information:

a. Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

*WCCO/KSTP*b. Channel (e.g., "13"): *4+5*

c. Station or subscription TV provider system location:

City: *Mpls* County: *Anoka*State: *MN*d. Date(s) and time(s) of emergency: *??*e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the the areas in which the emergency occurred): *Tornado warnings or bad storm warnings*

6. If your complaint is about video description or closed captioning on television, provide the following:

a. Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

*WCCO/slow to caption thus loose ending of the conversation*b. Channel (e.g., "13"): *Channel 4+5/same problem -*

c. Station or subscription TV provider system location:

City: *Mpls* County: *Anoka*State: *MN*

Form 2000C Disability Access Complaint

*** ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT ***

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite): *Cable*
- e. If you pay to receive television programming, name of the company to whom you subscribe: *Dish Network*
- f. Name of program(s) involved: *News especially / emergency can be slow or cut off in end -*
7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complainant either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made: **Hear that FCC wants to cut down on the Deaf peoples use of communication viz videophone..... Please do not do this. We need this excellent service... Why shut it down or make us do other things to make it possible. It was doing a good job....why stop it.... Not fair.... Have pity.....**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to fccinfo@fcc.gov, by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission
Consumer & Governmental Affairs Bureau
Consumer Complaints
445 12th Street, SW
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT AND THE PRIVACY ACT

The Federal Communications Commission is authorized under the Communications Act of 1934, as amended, to collect the personal information that we request in this form. This form is used for complaints that involve disability access. The public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PER, Paperwork Reduction Project (3060-0874), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.

Form 2000C Disability Access Complaint

Consumer's Information:

First Name: **Barbara** Last Name: **Schmidt**

Company Name:

(Complete only if you are filing this complaint on behalf of a company or an organization.)

Post Office Box Number:

(Official Post Office box Number Only)

Address 1: **729-86th Ave NW**

Address 2:

Mailing Address (where mail is delivered)

City: **Coon Rapids** State: **MN** Zip Code: **55433**

Telephone Number (Residential or Business): **Phone:(763) 208 - 7700**

E-mail Address: **Barbaracorn35@gmail.com**

Are you filing information on behalf of another party, such as client, parent, spouse or roommate?:

No

If yes, complete items a through h.

- a. Your relationship with the party:
- b. The party s first name:
- c. The party s last name:
- d. The party s daytime phone number:
- e. The party s street address or post office box number:
- f. City: State: Zip Code:
- g. E-mail address:
- h. Fax Number:

IMPORTANT: Please indicate the preferred format or method of response to the complaint by the Commission and defendant: **Letter** , **Internet E-mail**