Received & Inspected
NOV 27 2012
FCC Mail Room

November 21- 2012

We loves U P.
and We want to Keep U P On
So I can talk to Relay
to call Doctor, Clinic and
Hospital and Ememercy.
Police & fire man
family, Church & Friends
Try to fix U P like TDD
Phone Bills. We Pay Cox
for Modem Cost $ almost $60.00
a month for U P on.
FCC Can't turn cut off U P
and U R S off that is Sad
why don't all Deaf People &
Hearing ~~[illegible]~~ impaired accept
to learn to Pay U P with Phone
Bills that help to pay FCC
earns like Taxes every month.
Deaf people are not mad
about Money they need to Support
Money to FCC to keep U P still on
~~[illegible]~~ in future that help all
Deaf & Hearing impaired People to
be Happy & We loves U P.
~~[illegible]~~ Thanks

U P is
918-994-1001

Joan M. + Tommie Lee Shrum
6305 S. 115 E. Avenue
Broken arrow, Oklahoma 74012

2000 G

FCC Federal Communications Commission

FOR FCC INTERNAL USE ONLY

Admin 2000 [Switch to Admin1088]

Susan.Kimmel [ADMIN] Logout

HOME SERVE SEARCH NEW COMPLAINT ASSIGN ADMIN HELP DOWNLOAD

Basic Search Advanced Search Carrier Lookup

« Back to Complaints

Admin Comments
Serve Review
Serve Process
File Attachments
Letters
Show All
Sub Complaints(0)
Print Form
Email Factsheet(s)

Form 2000C (Disability Access Complaint) : 12-C00441319-1

USER FORM

Consumer Party History | Consumer History | Form History | Edit Form

User Complaint Number 12-C00441319 User Complaint Key 12-C00441319-1

Complaint Source. **Web** Added User. **Consumer**

Submission date **11/17/2012**

CONSUMER'S INFORMATION

First Name **Timothy** Last Name **Terry**

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

PO Box

Address1 **1808 Brightside Dr. Apt 13d** Address2

City **Baton Rouge** State **LA** Zip Code **70820**

Telephone Number(Residential or Business) **(225) 663 -8333** Ext

E-mail Address **tterry11@hotmail.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

Your relationship with the party.

The party's first name

The party's last name

The party's daytime phone number () - Ext

The party's street address or post office box number

City State Zip Code

E-mail Address

Fax Number () -

IMPORTANT: Please indicate the preferred format or method of response to the complaint by the Commission and defendant:

☑ **Letter** ☐ Facsimile (fax) ☐ Telephone Voice
☐ TRS (designate form of TRS and appropriate contact information)
☐ TTY ☐ Internet E-mail ☐ ASCII Text ☐ Audio-Cassette Recording ☐ Braille

FORM 2000C:

Check the appropriate box for your type of complaint

☑ **Telecommunications Relay Service (TRS) (for example, TTY-based, IP Relay, CapTel, IP CapTel, Speech-to-Speech, Video Relay Service (VRS))**

☐ Accessibility of emergency information on television

☐ Closed Captioning on television (from a television station or subscription TV provider, for example, cable, fiber optic or satellite)

☐ Closed Captioning of television programs streamed or downloaded from the Internet (for example, to your computer, tablet, smartphone television, video game console or other Internet-enabled device)

☐ Wireless telephone equipment or service (includes hearing aid compatibility and other accessibility issues)

☐ Wireline telephone equipment or service (includes hearing aid compatibility and other accessibility issues)

☐ Video Description (audio narrated descriptions of a TV program's key visual elements)

2 Provide the name, address and telephone number (if known) of the company(s) involved in your complaint
Name **FCC dept**

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 **cut rate budget for all of VRS companies**

4 If your complaint is about closed captioning or emergency information on television,

provide the date (mm/dd/yyyy) Time and any details of when the event or action you are complaining about occurred

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 (for example "WZUF, CBC," "WZUE-TV," "Sportingchannel West")

b Channel (for example, "13")

c Station or subscription TV provider system location
City County State

d Date(s) and time(s) of emergency, and time

e Detailed description of the emergency (for example, flood, hurricane, tornado, etc , as well as the areas in which the emergency occurred)

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 (for example, "WZUF CBC," "WZUE-TV," "Sportingchannel West")

b Channel (for example, "13")

c Station or subscription TV provider system location
City County State

d If you pay to receive television programming type of subscription service (for example, cable, satellite):

e If you pay to receive television programming name of company to whom you subscribe

f Name of program(s) involved

7 If your complaint is about closed captioning of television programs streamed or downloaded from the Internet, provide the following information.

a Information about the program viewed (for example, "Orange Blossoms, Season 3, Episode 6")

b Name, address, website, or e-mail address of the program distributor, provider, and/or owner (for example, "WZUF-CBC com," "WZUE-TV com," "SportingchannelWest com " "TV&MoviesOnline")

c Information about the device or software used to view the program (for example, manufacturer, model, name of video player software or application)

d Date (mm/dd/yyyy) and time the program was viewed

8 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 **I like to you listen to our Deaf people are civil right for reasonable need best quality interpreter communication for ASL, placement of signs, facial expressions, body language, making statement, and classifiable are America Sign Language (ASL) if you want read in book "The American Sign Language Phrase Book" ISBN 0-8092-3500-5 about I just explain before. other book "For Hearing People only" ISBN 096340163-7 about Hearing people understand about Deaf culture, grammar community, and deaf reality. two book might help you understand but don't need learn sign language just read it. all Deaf people are poor write english language and I do. I not want difficult cheap interpreter, no good quality Laptop/desktop with webcam cause network line. we do not want back to old TTY! please keep more rate budget to all VRS company and VRS products for best quality than web cam. please halt cut rate budget to VRS thank you.**

Federal Communication Commission

I am deaf or hard of-hearing and rely on VRS for emerency 911 service. I am hearing, but know how important VRS is for those who are deaf or hard of hearing. I am a sign language interpreter that supports the VRS service. I will send my own letter directly to the FCC

Thank You

David G. Urban

1-618-467-1075 FAX

email durban1966@spint.blackberry.net

11-16-12

=== COVER PAGE ===

TO: _____

FROM: DAVID CAROL URBAN

FAX: 16184671075

TEL: 16184671075

COMMENT: