



Department of Commerce

John R. Kasich, Governor
David Goodman, Director

Video Service Complaint Form

Instructions:

1. Print or type all information.
2. Be specific, explaining the problem in detail. Include names of persons you talked to and when, dates, etc.
3. Attach **COPIES** of documents to support your claim. Keep **ORIGINALS** for your records.
4. A copy of this complaint will be provided to the video service provider.
5. Return the completed form to the Video Service Authorization Section at: 77 South High Street, 23rd Floor, Columbus, Ohio 43215. Keep a copy for your records.

Personal Information

Title: Ms. Mrs. Mr. Dr.

First Name:

Last Name:

Jr. Sr.

Home Telephone Number:

Can Be Reached Number:

Fax:

Street Address:

Address Line 2:

City:

State:

Zip Code:

County:

Email Address:

