

**CITY OF MURFREESBORO, TENNESSEE
CABLE TV COMPLAINT FORM**

The Murfreesboro Cable Television Commission assists citizens who reside within the city limits in resolving disputes with Comcast cable.

NAME _____ DATE _____

ADDRESS _____

PHONE _____ (HOME) _____ (WORK)

FIRST CALL TO COMCAST _____

NATURE OF COMPLAINT

CUSTOMER SERVICE (CALL CENTER)

REPAIR SERVICE

INSTALLATION

BILLING

OUTAGE

OTHER _____

DESCRIPTION OF COMPLAINT: _____

ACTION REQUESTED BY CUSTOMER: _____

DATE FORWARDED TO COMCAST: _____

COMCAST REPLY: _____

COMCAST ACTION TAKEN: _____

DATE COMCAST CONTACTED CUSTOMER: _____

RESOLVED BY: _____ DATE: _____

(COMCAST REPRESENTATIVE)

DATE FILE CLOSED: _____

CABLE TV COORDINATOR SIGNATURE