United States Government
Federal Communications Commission
Consumer & Governmental Affairs Bureau
Disability Rights Office
445 12th Street, SW
Washington, D.C. 20554

OFFICIAL
NOTICE OF INFORMAL COMPLAINT
August 19, 2011

In Reply Refer To: 11-C00324077-FC
Comcast, WBZ-TV, WCVB-TV,
WFXT-TV & WHDH-TV (Bass)

THE COMPANY IDENTIFIED IN THE ATTACHED COMPLAINT IS REQUIRED TO RESPOND TO THIS NOTICE OF INFORMAL COMPLAINT WITHIN 30 DAYS OF THE DATE OF THIS NOTICE. Failure of any person to answer any lawful Commission inquiry is considered a misdemeanor punishable by a fine under Section 409(m) of the Communications Act (Act), 47 U.S.C. § 409(m). Further, failure to comply with any order of the Commission can result in prosecution under Section 401(b) of the Act, 47 U.S.C. § 401(b). Section 501 of the Act, 47 U.S.C. § 501, and Section 503(b)(1)(B) of the Act, 47 U.S.C. § 503(b)(1)(B), provide for forfeiture penalties against any person who willfully fails to follow the directives of the Act or of a Commission order. The Commission can impose forfeiture penalties of up to $1.2 million for certain types of violations.

The attached complaint was filed with the Commission pursuant to Section 713 of the Act, 47 U.S.C. § 613, and Section 79.2 of the Commission's Rules, 47 C.F.R. § 79.2. A letter acknowledging your company's receipt of this Notice and of the enclosed complaint should be sent to each consumer Complainant as soon as your company receives this Notice. Pursuant to Sections 713 and 4(i) of the Act, 47 U.S.C. §§ 613, 154(i), and Section 79.2(c) of the Commission's Rules, 47 C.F.R. § 79.2(c), we are forwarding a copy of the complaint so that your company may satisfy or answer the complaint based on a thorough review of all relevant records and other information. Your company should respond specifically to all material allegations raised in each complaint and summarize the actions taken by your company to satisfy the complaint.

Your response should include: (1) the Complainant's name, and (2) the Case number. Please also include some form of recording (CD, DVD, VHS) of the time(s) and date(s) of the complained about event(s). Written responses must be filed with the Commission at 445 12th St., SW, Washington, D.C. 20554. A separate response should be filed for each individual complaint. Each response should include: (1) the Complainant's name, and (2) the Case number. Companies are directed to send copies of their responses to the complainant at the same time their responses are forwarded to the Commission.

Due to heightened security measures undertaken in Washington, D.C., and at this agency, you should also send an electronic copy of the response letter to Susan.Kimmel@fcc.gov and to Francine.Crawford@fcc.gov. Each company required to respond to this Notice is directed to retain all records until final Commission disposition of the complaints. If you have any questions regarding this Notice, please call or email Francine Crawford at **(202) 418-2085 or Francine.Crawford@fcc.gov**, and leave a detailed message specifying the calling company name, the Case number, and the specific questions that you would like to have answered.

Sincerely,

Susan L. Kimmel

Susan L. Kimmel, Deputy Chief
Disability Rights Office/CGB

Attachment(s)
K:613/79.2

Form 2000C – Disability Access Complaint
*** * * ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT * * ***

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

Accessibility of emergency information on television
Closed Captioning

2. Provide the name, address and telephone number (if known) of the company(s) involved in your complaint:
   Name: **DEAF Incorporated**
   City: **Allston** State: **MA** Zip Code: **02314**
   Telephone number: **Phone:(617) 254 - 4041**

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:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) : **06/21/2011 15:00:00:PM**
   and any details of when the event or action you are complaining about occurred:
   there was no communication for the Deaf

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"):
   WBZ, ABC, NBC, Fox
   b. Channel (e.g., "13"): **4,5,7,25**
   c. Station or subscription TV provider system location:
   City: **Boston, Springfield** County:**Suffolk**
   State: **MA**
   d. Date(s) and time(s) of emergency: **06/21/2011 15:00:00:PM**
   e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the the areas in which the emergency occurred): **There was a tornato. Also the date 7/26/2011 micro burst**

6. If your complaint is about closed captioning, provide the following:
   a. Television station call sign and network name (if applicable), or channel name (e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):
   WBZ, ABC, NBC, Fox
   b. Channel (e.g., "13"): **4,5,7,25**
   c. Station or subscription TV provider system location:
   City : **Boston, Springfield** County:
   State: **MA**

Form 2000C – Disability Access Complaint

Consumer's Information:

First Name: **Sandra** Last Name: **Bass**
Company Name: **DEAF Inc.**
(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: **215 Brighton Ave** Address 2:
Mailing Address (where mail is delivered)

City: **Allston** State: **MA** Zip Code: **02134**

Telephone Number (Residential or Business): **Phone:(617) 254 - 4041**

E-mail Address**: sbass@deafinconline.org**

Are you filing information on behalf of another party, such as client, parent, spouse or roommate?**:**
N
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: **, , Internet E-mail**

Form 2000C – Disability Access Complaint
* * * ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT * * *

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060 - 0874.

In addition, the information that consumers provide when filling out FCC Form 2000 is covered by the system of records notice, FCC/CGB-1, Informal Complaints and Inquiries File (Broadcast, Common Carrier, and Wireless Telecommunications Bureau Radio Services). The Commission is authorized to request this information from consumers under 47 U.S.C. 206, 208, 301, 303, 309(e), 312, 362, 364, 386, 507, and 51; and 47 CFR 1.711 et seq.

Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).

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: **comcast**
f. Name of program(s) involved:

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: **All communities must require closed captions in real time for all to have communication access and also equipment, for all surropunding Massachusetts for the Deaf and Hard of Hearing.**

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-PERM, 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.