



Lake Champlain Access Television

Colchester • Milton • Georgia • Fairfax • Westford • South Hero • Grand Isle • North Hero

LCATV COMPLAINT FORM

Complaints about matters other than Technical Issues, Policy Violations or Program Content should be directed to the Executive Director and, if necessary, the Board of Directors for review.

COMPLAINANT CONTACT INFORMATION

1) Name:

2) Address:

3) Daytime phone number:

4) Evening phone number:

5) E-mail:

PART I- TECHNICAL ISSUES

1) Area of concern (*circle one*): LCATV Channel 15 / LCATV Channel 16 / LCATV Channel 16 / www.lcatv.org

2) Description of the complaint:

PART II- POLICY VIOLATION COMPLAINT

1) Policy/policies of concern:

2) Description of the complaint:

PART III- PROGRAM CONTENT COMPLAINT

1) Name of program:

2) Program viewed on (*circle one*): LCATV Channel 15 / LCATV Channel 16 / LCATV Channel 16 / www.lcatv.org

3) Approximate date & time of viewing:

4) Description of the complaint:

Signature of Complainant

Date