CITY OF CALISTOGA

Comcast Cable System Complaint or Commendation Form

Current date: _____ Approximate date(s) of problem: _____

Your Name: _____

Service Address: _____

Phone: _____ Comcast Account number: _____

Email address: _____

Nature of complaint or commendation: (check all that apply)

- ☐ Service outage
- ☐ Customer service issue
- ☐ Issues with telephone response system
- ☐ Unable to locate office
- ☐ Programming issues
- ☐ Desire for internet service
- ☐ Desire for other services
- ☐ Poor reception
- ☐ Long hold times
- ☐ Keeping scheduled repair appointment
- ☐ Billing issues
- ☐ Rate increases
- ☐ Desire for digital services
- ☐ Compliments
- ☐ Unable to reach a customer service representative by phone
- ☐ Proper noticing of rates, channel or programming changes
- ☐ Lack of knowledge by staff of local conditions, services or rates
- ☐ Other: _____

Please describe concern in detail (attach copies of documents, if needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

➢ Please turn to other side

_____

Was your problem satisfactory resolved? _____ Yes _____ No

How was it resolved or left?

Other comments or concerns:

Please return to: City of Calistoga
1232 Washington Street
Calistoga, CA 94515
Attention: City Clerk

This form will be logged and passed on to Comcast for appropriate follow up. City Staff will continue to monitor this issue and the Comcast response. If you have further questions, call the City Clerk at 707-942-2805 or email ssneddon@ci.calistoga.ca.us.