

Dear Consumer:

Thank you for contacting the Public Service Commission today concerning a possible slamming or cramming of your telephone service. *Slamming* is the term used to describe when a telephone subscriber's local and/or long distance service provider is changed without the person's knowledge or consent. *Cramming* is the term used to describe a practice of billing a telephone subscriber for a service that they neither ordered nor wanted. State and federal rules prohibit both slamming and cramming.

The Code of Maryland Regulations 20.32.01.03 requires that a customer first submit any inquiry or dispute directly to the company for resolution. If you are dissatisfied with the offending company's response, you may submit your written inquiry within 7 days to the Public Service Commission (PSC) for review and investigation. Enclosed please find an inquiry form for this purpose, or you may send us a letter. However, if you choose to send us a letter, please include the important billing information that is required. This information is necessary so that we can assist you in obtaining an adjustment if it is determined that an adjustment is warranted. To avoid delay, please provide us with copies of your telephone bills and clearly note the charges that are in dispute. Once we receive your dispute it will be assigned to an investigator and you will receive an acknowledgment.

The offending company may not require you to pay the disputed portion of your bill while our office is investigating the matter. However, you must continue to pay the undisputed portion of your bill and any other bills you receive that are not part of this dispute. If you have received a turn-off notice, you should contact our office immediately.

If you have any questions, please call the office at (410) 767-8028 or 1(800) 492-0474.

Sincerely,

Maryland Public Service Commission

OFFICE OF EXTERNAL RELATIONS
 MARYLAND PUBLIC SERVICE COMMISSION
 WILLIAM DONALD SCHAEFER TOWER
 6 ST. PAUL STREET
 BALTIMORE, MD 21202-6806
 TELEPHONE: 410-767-8028 OR 1-800-492-0474
 FAX: 410-333-6844
 INTERNET: <http://www.psc.state.md.us/psc/>

TELEPHONE SLAMMING CRAMMING DISPUTE FORM

Everyone must complete this section:

Have you contacted the company regarding your inquiry/dispute? YES NO Date: _____
 Have you received a response from the company? YES NO Date Received: _____
 (If you received a written response, please provide a copy with this form.)

If you have not contacted the company, you must do so prior to filing a complaint with the Commission. If you contacted the company, you must wait for the company to have time to investigate the matter and respond to your complaint before pursuing the matter with the Commission. If you have not received a response from the company, within 6 weeks, you may file your complaint with the Commission. You may also file your complaint if you are dissatisfied with the company's response.

TO BE COMPLETED BY EVERYONE [Please print and fill out neatly and completely]

Name as it appears on bill: _____

Address as it appears on bill: _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different from service address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers (please include area code): (home) ____-____-____ (work) ____-____-____

(pager) ____-____-____ (Fax) ____-____-____ ("Can be reached") ____-____-____

Account Number or Order Number: _____

Complaint concerns: (Check all that apply)

Slamming occurred if your local and/or long distance service was changed without authorization verified in accordance with the procedures established by the Federal Communications Commission (FCC).

Cramming occurred if you were billed charges on your telephone bill for services (i.e., voice mail, internet, pager, etc.) that you never requested.

Based upon the above information, does your complaint concern Slamming or Cramming

Please complete this section if your dispute concerns CRAMMING

Below name each company that placed charges on your telephone bill without your authorization. Next to each company, please indicate the company's telephone number as noted on your bill. Also, please indicate the amount billed by each company:

<u>Company Name</u>	<u>Telephone Number</u>	<u>Amount Billed</u>
_____	_() _____	\$ _____
_____	_() _____	\$ _____
_____	_() _____	\$ _____

Please complete this section if your dispute concerned SLAMMING

Name of your chosen local telephone service provider: _____

Name of your chosen long distance provider: _____

Indicate what service was slammed: local telephone service *and/or* long distance service

Name the company that switched your service w/out your authorization: _____

Telephone number , as noted on your bill, of the company that switched your service w/out authorization:

BILLING INFORMATION [Must complete if you are expecting any adjustments to your bill.]

Please specify the total amount in dispute: \$ _____

Of this amount, indicate how much is for the first (30) thirty days of service: \$ _____.

Did you pay any portion of the bill for service? Yes No

Please indicate the amount of the bill for service that had been paid: \$ _____

Did you receive an adjustment for any portion of the disputed bill? Yes No

What was the amount of the adjustment? \$ _____

Was the adjustment from the offending company or the local telephone carrier? _____

Were you billed any *switching fees* because of this incident? Yes No

Please specify the amount you were billed for the switching fees? \$ _____

Did you pay any portion of the switching fees? Yes No

Please indicate the amount you paid for the switching fees: \$ _____

Did you receive any adjustment from the offending company or the local carrier for the switching fees? ?
 Yes No

Please indicate the amount you of the switching fee adjustment that you received: \$ _____

Have you contacted your preferred service provider to switch back? Yes No

If you are not the customer of record, please complete this section.

Name: _____ Relationship to the customer: _____

Address: _____

Daytime Phone No.: _____ Explain why customer cannot complete form: _____

Note: you must have the customer's permission to file a complaint on their behalf. The PSC Investigator has the right to refuse to respond to a complaint if it cannot be verified that the customer of record gave you permission to file the dispute or his/her behalf.

TO BE COMPLETED BY EVERYONE: [Please remember to send us copies of the disputed bills.] Use this section to describe the basis for your dispute.

Please attach additional sheets if necessary. Also attach any relevant documentation (i.e. a copy of the bill(s), canceled checks, receipts, etc.) which will support your position.

Date: _____

Signature of Customer: _____

Date: _____

Signature of person completing form (if different) _____

