**CLEC SERVICE OPERATIONAL IMPAIRMENT REPORT**

Date: Click here to enter text.

|  |  |
| --- | --- |
| Reporting Carrier Information | Carrier Information Report is Filed Against |
|  **Reporting Carrier** | Click here to enter text. | **Carrier** | Click here to enter text. |
| **Contact Name** | Click here to enter text. | **Contact Name** | Click here to enter text. |
| **Telephone Number** | Click here to enter text. | **Telephone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. | **Email Address** | Click here to enter text. |
|  |  |  |  |
| **CUSTOMER / END USER INFORMATION** |
| **Customer Name** | Click here to enter text.  | **Affected Tel. Number(s)** | Click here to enter text. |
| **Street Address** | Click here to enter text.  | **OCS/QRS Number \*** | Click here to enter text.  |
| **City, State Zip Code** | Click here to enter text.  | **Circuit ID Number** | Click here to enter text. |
| **Contact Name** | Click here to enter text.  | **Service Type:** | Click here to enter text. |
| **Contact Tel. Number** | Click here to enter text. | **Residential / Business** |
| \*If this customer has filed a complaint with DPS’s Office of Consumer Services (OCS), please include the OCS or QRS Number associated with the complaint filed.  |
|  **Is there a Health or Safety Issue with the Customer? Yes/No** | Click here to enter text.  |
| **If yes, describe issue** |  Click here to enter text. |
|  |  |  |  |
| **COMPLAINT** |
| **Open Trouble Ticket Number** | **Describe** |
|  | Click here to enter text. |  | Click here to enter text.  |
|  |  Click here to enter text. |  | Click here to enter text.  |
|  |  |  |  |
| **ESCALATION EFFORTS** |
| Describe Escalation Effort(s) Attempted. Include basic details: Escalation level, Person Spoken To, Date, and Response |
|  Click here to enter text. |
|  |
| Other Supporting Information |
| Click here to enter text.  |
| Please send completed form to: clec.disputes@dps.ny.gov |