**CLEC SERVICE OPERATIONAL IMPAIRMENT REPORT**

Date: Click here to enter text.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | |