

**FILED WITH  
Executive Secretary**

**October 30, 2013**

**IOWA UTILITIES BOARD**

**FCU-2012-0019**

**OFFICE OF CONSUMER ADVOCATE**

**DIRECT EXHIBITS**

**OF**

**KATHY MILLER**

**IN RE: REHABILITATION CENTER OF ALLISON**

**DOCKET NO. FCU-2012-0019**

**October 30, 2013**



**Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Inquiries and Complaints Division  
445 12th Street, SW., Room 5-A847  
Washington, DC 20554**

Date:09/15/2011



**REHAB CENTER OF ALLISON  
REHAB CENTER OF ALLISON  
P.O. BOX: 645  
ALLISON, IA 50602**

Dear Consumer:

Re: Complaint # **11-C00316709-1**

This letter is in response to your complaint filed with the Federal Communications Commission (FCC). The matter you have outlined in your correspondence does not come under the jurisdiction of the FCC. Included below is contact information for an agency that may be of more assistance.

For your convenience, a copy of your complaint information has been attached for your records. Please note that if your complaint was transferred to a different form, other than the one on which it was originally captured, copies of both forms will be attached. Please use the complaint number referenced above in lieu of any previously provided complaint number.

If you have further questions please feel free to visit the Consumer & Governmental Affairs Bureau (CGB) website at [www.fcc.gov/cgb](http://www.fcc.gov/cgb) or call us at 1-888-CALL-FCC (1-888-225-5322) voice; 1-888-TELL-FCC (~~1-888-835-5322~~) TTY.

**Contact Information:**  
Iowa Utilities Board  
1375 E. Court Avenue, Room 69  
Des Moines, IA 50319 - 0069  
Phone:(877) 565 - 4450  
Fax: (515) 725 - 7399

Sincerely,

Sharon Bowers, Division Chief  
Consumer & Governmental Affairs Bureau  
Consumer Inquiries & Complaints Division

User Complaint Key: 11-C00316709-1

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**Form 2000B Billing, Privacy, or Service Quality Complaint**

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**Consumer's Information:**First Name: **Rehab Center of Allison** Last Name:Company Name: **Rehab Center of Allison**

(Complete only if you are filing this complaint on behalf of a company or an organization.)

Post Office Box Number: **Box 645**

(Official Post Office box Number Only)

Address 1: Address 2:  
Mailing Address (where mail is delivered)City: **Allison** State: **IA** Zip Code: **50602**Telephone Number (Residential or Business): **Phone:(319) 267 - 2791**E-mail Address: **sfeck@netins.net****\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

1. Telephone number(s) involved (including area code):
2. What is the name of the telephone company, wireless carrier, or other company that is the subject of your complaint?: **Dumont Telephone Company**
3. What is the account number that is the subject of your complaint?:
4. If you are disputing charges on a telephone bill, complete the following:
  - a. Disputed amount: **\$ 0.00**
  - b. Have you paid any of the disputed charges?: **No**
  - c. Did the billing company adjust or refund the disputed charges?: **No**
  - d. If yes, what was the amount of the adjustment or refund?: **\$ 0.00**
  - e. Are the disputed charges related to additional services?: **No**  
If yes, please explain:

User Complaint Key: 11-C00308875-

## Form 2000C Disability Access Complaint

\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\*

1. Check the appropriate box for your type of complaint:

**Wireline telephone equipment or service (includes hearing aid compatibility and other accessibility issues)**

2. Provide the name, address and telephone number (if known) of the company(s) involved in your complaint:

Name: **Rehab Center of Allison**

City: **Allison** State: **IA** Zip Code: **50602**

Telephone number: **Phone:(319) 267 - 2791**

3. If your complaint is about accessibility of telecommunications services or equipment, provide the make and model number of the equipment or device that this complaint is about:

4. If your complaint is about closed captioning or emergency information on television, provide the date (mm/dd/yyyy) :  
and any details of when the event or action you are complaining about occurred:

5. If your complaint is about access to emergency information on television, provide the following information:

a. Television station call sign and network name (if applicable), or channel name  
(e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (e.g., "13"):

c. Station or subscription TV provider system location:

City: County:

State:

d. Date(s) and time(s) of emergency:

e. Detailed description of the emergency (i.e., flood, hurricane, tornado, etc., as well as the the areas in which the emergency occurred):

6. If your complaint is about closed captioning, provide the following:

a. Television station call sign and network name (if applicable), or channel name  
(e.g., "WZUF, CBC," "WZUE-TV," "Sportingchannel West"):

b. Channel (e.g., "13"):

c. Station or subscription TV provider system location:

City : County:

State:

User Complaint Key: 11-C00308875-1

**Form 2000C Disability Access Complaint****\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

- d. If you pay to receive television programming, type of subscription service (e.g., cable, Satellite):
- e. If you pay to receive television programming, name of the company to whom you subscribe:
- f. Name of program(s) involved:

7. Briefly describe your complaint and include the resolution you are seeking. If applicable, provide a full description of the telecommunications equipment or customer premises equipment (CPE) and/or the telecommunications service about which the complaint is made, and the date or dates on which the complainant either purchased, acquired or used, or attempted to purchase, acquire or use the telecommunications equipment, CPE or telecommunications service about which the complaint is being made: **For quite some time now we have been having trouble with our fax lines being unable to receive faxes. We get several calls from other businesses that they have been trying to fax but all that it does is ring on our end but nothing comes through. The fax number that I am writing in regards to is 319-267-9644. Now we are also having a lot of trouble when people call us on our regular phone lines we can barely hear them and they can't seem to hear us at all. The conversation is very broken up too. If we call them back then we can hear them fine.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT AND THE PRIVACY ACT**

The Federal Communications Commission is authorized under the Communications Act of 1934, as amended, to collect the personal information that we request in this form. This form is used for complaints that involve disability access. The public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PER, Paperwork Reduction Project (3060-0874), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.

User Complaint Key: 11-C00316709

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**Form 2000B Billing, Privacy, or Service Quality Complaint**

**\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

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In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

User Complaint Key: 11-C00308875-1

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**Form 2000C Disability Access Complaint**

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**Consumer's Information:**

First Name: Last Name:

Company Name: **Rehab Center of Allison**

(Complete only if you are filing this complaint on behalf of a company or an organization.)

Post Office Box Number: **Box 645**

(Official Post Office box Number Only)

Address 1: Address 2:  
Mailing Address (where mail is delivered)City: **Allison** State: **IA** Zip Code: **50602**Telephone Number (Residential or Business): **Phone:(319) 267 - 2791**E-mail Address: **sfeck@netins.net**

Are you filing information on behalf of another party, such as client, parent, spouse or roommate?:

**N**

If yes, complete items a through h.

- a. Your relationship with the party:
- b. The party's first name:
- c. The party's last name:
- d. The party's daytime phone number:
- e. The party's street address or post office box number:
- f. City: State: Zip Code:
- g. E-mail address:
- h. Fax Number:

**IMPORTANT:** Please indicate the preferred format or method of response to the complaint by the Commission and defendant: , , **Internet E-mail**

User Complaint Key: 11-C00316709-1

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**Form 2000B Billing, Privacy, or Service Quality Complaint**  
**\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

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5. For billing and non-billing complaints (including privacy and service quality issues) please provide the details of your complaint or any additional information below:

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
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Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

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The Federal Communications Commission is authorized under the Communications Act of 1934, as amended, to collect the personal information that we request in this form. This form is used for complaints that involve billing, privacy, or service quality. The public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden

User Complaint Key: 11-C00316709-1

**Form 2000B Billing, Privacy, or Service Quality Complaint****\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERF, Paperwork Reduction Project (3060-0874), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0874.

In addition, the information that consumers provide when filling out FCC Form 2000 is covered by the system of records notice, FCC/CGB-1, Informal Complaints and Inquiries File (Broadcast, Common Carrier, and Wireless Telecommunications Bureau Radio Services). The Commission is authorized to request this information from consumers under 47 U.S.C. 206, 208, 301, 303, 309(e), 312, 362, 364, 386, 507, and 51; and 47 CFR 1.711 et seq.

Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a common carrier, the complaint is forwarded to the defendant carrier who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

User Complaint Key: 11-C00308875-1

**Form 2000C Disability Access Complaint****\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

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In addition, the information that consumers provide when filling out FCC Form 2000 is covered by the system of records notice, FCC/CGB-1, Informal Complaints and Inquiries File (Broadcast, Common Carrier, and Wireless Telecommunications Bureau Radio Services). The Commission is authorized to request this information from consumers under 47 U.S.C. 206, 208, 301, 303, 309(e), 312, 362, 364, 386, 507, and 51; and 47 CFR 1.711 et seq.

Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a company, the complaint is forwarded to the defendant who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

User Complaint Key: 11-C00308889-1

Form 2000B – Billing, Privacy, or Service Quality Complaint

**Consumer's Information:**

First Name: **Kathy** Last Name: **Miller**

Company Name: **Rehabilitation Center of Allison**  
(Complete only if you are filing this complaint on behalf of a company or an organization.)

Post Office Box Number: **645**  
(Official Post Office box Number Only)

Address 1: **900 7th Street W** Address 2:  
Mailing Address (where mail is delivered)

City: **Allison** State: **IA** Zip Code: **50602**

Telephone Number (Residential or Business): **Phone:(319) 267 - 2791**

E-mail Address: **kmiller@abcmcorp.com**

**\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

1. Telephone number(s) involved (including area code): **Phone:(319) 267 - 2791 Phone:(319) 267 - 2972**
2. What is the name of the telephone company, wireless carrier, or other company that is the subject of your complaint?:
3. What is the account number that is the subject of your complaint?:
4. If you are disputing charges on a telephone bill, complete the following:
  - a. Disputed amount: **\$ 0.00**
  - b. Have you paid any of the disputed charges?:
  - c. Did the billing company adjust or refund the disputed charges?:
  - d. If yes, what was the amount of the adjustment or refund?:**\$ 0.00**
  - e. Are the disputed charges related to additional services?:  
If yes, please explain:

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User Complaint Key: 11-C00308889-1

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**Form 2000B – Billing, Privacy, or Service Quality Complaint**

**\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

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5. For billing and non-billing complaints (including privacy and service quality issues) please provide the details of your complaint or any additional information below:

**This is a long term care center and we rely on our phone and fax lines to be operating as we communicate with numerous physicians in regards to care for the residents that reside here. We have received complaints from area clinics and families that they have been unable to get through on our fax lines or phone lines. Delays in these calls and faxes has compromised the care of our residents and in some way has delayed treatment due to not being able to receive the faxed or telephone orders for care and treatment of our residents. The phone lines affected are 319-267-2791, 319-267-2972, and 319-267-2976. The following fax lines have also been affected 319-267-2688, 319-267-9644, 319-267-2422. Our local carrier has been advised of our on going problem and let us know that it is an issue with Qwest lines. This is a serious issue and needs to be resolved as it is affecting peoples lives.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
Consumer & Governmental Affairs Bureau  
Consumer Complaints  
445 12th Street, SW  
Washington, D.C. 20554

In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

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**User Complaint Key: 11-C00308889-1**

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**Form 2000B – Billing, Privacy, or Service Quality Complaint**

**\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

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Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a common carrier, the complaint is forwarded to the defendant carrier who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

**User Complaint Key: 11-C00308889-1**

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**Form 2000B – Billing, Privacy, or Service Quality Complaint**

**\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

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In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

**User Complaint Key: 11-C00311632-1**

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**Form 2000B – Billing, Privacy, or Service Quality Complaint**

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**Consumer's Information:**First Name: **Kathy** Last Name: **Miller**Company Name: **Rehabilitation Center of Allison**

(Complete only if you are filing this complaint on behalf of a company or an organization.)

Post Office Box Number: **645**

(Official Post Office box Number Only)

Address 1: **900 7th St W**

Address 2:

Mailing Address (where mail is delivered)

City: **Allison** State: **IA** Zip Code: **50602**Telephone Number (Residential or Business): **Phone:(319) 267 - 2791**E-mail Address: **kmiller@abcmcorp.com****\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

1. Telephone number(s) involved (including area code): **Phone:(319) 267 - 2688 Phone:(319) 267 - 2422**
2. What is the name of the telephone company, wireless carrier, or other company that is the subject of your complaint?: **Dumont Telephone Company/Qwest-Century Link**
3. What is the account number that is the subject of your complaint?: **0000001817**
4. If you are disputing charges on a telephone bill, complete the following:
  - a. Disputed amount: \$ **0.00**
  - b. Have you paid any of the disputed charges?:
  - c. Did the billing company adjust or refund the disputed charges?:
  - d. If yes, what was the amount of the adjustment or refund?: \$ **0.00**
  - e. Are the disputed charges related to additional services?:  
If yes, please explain:

**User Complaint Key: 11-C00311632-1****Form 2000B – Billing, Privacy, or Service Quality Complaint****\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

5. For billing and non-billing complaints (including privacy and service quality issues) please provide the details of your complaint or any additional information below:

**We are having continued problems with our phone and fax lines. This morning at approximately 8:30 I was on the phone with someone who was trying to fax us to our 319.267.2688 number. The fax would not go through. This continues to happen and it seems the problem is getting worse. We are a long term care center and depend on our phone and fax lines for communication with hospitals and clinics. Many of the orders we receive to care for the residents that resided at our facility are sent via fax. With the problems of the fax lines that have occurred, treatment has been delayed. Yesterday, clinic staff had tried numerous times to fax us orders. The faxes never came through. A person had to stop at the clinic this morning to pick up the orders that were not received last night. We have contacted our local provider and have been told that the issue is with the Qwest/Century Link lines. This issue needs to be resolved so that we can care for the 46 residents that live here and not delay treatment.**

You may submit this form over the Internet at <http://www.fcc.gov/cgb/complaints.html>, by e-mail to [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov), by fax to 1-866-418-0232, or by postal mail to:

Federal Communications Commission  
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445 12th Street, SW  
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In addition, you may submit your complaint over the telephone by calling 1-888-CALL-FCC or 1-888-TELL-FCC (TTY). If you choose to submit your complaint over the telephone, an FCC customer service representative will fill out an electronic version of the form for you during your conversation. If you have any questions, feel free to contact the FCC at 1-888-CALL-FCC or 1-888-TELL-FCC (TTY).

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**User Complaint Key: 11-C00311632-1**

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**Form 2000B – Billing, Privacy, or Service Quality Complaint****\*\*\* ANSWER EACH QUESTION THAT APPLIES TO YOUR SPECIFIC COMPLAINT \*\*\***

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estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERF, Paperwork Reduction Project (3060-0874), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR COMPLETED FORMS TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0874.

In addition, the information that consumers provide when filling out FCC Form 2000 is covered by the system of records notice, FCC/CGB-1, Informal Complaints and Inquiries File (Broadcast, Common Carrier, and Wireless Telecommunications Bureau Radio Services). The Commission is authorized to request this information from consumers under 47 U.S.C. 206, 208, 301, 303, 309(e), 312, 362, 364, 386, 507, and 51; and 47 CFR 1.711 et seq.

Under this system of records notice, FCC/CGB-1, the FCC may disclose information that consumers provide as follows: when a record in this system involves a complaint against a common carrier, the complaint is forwarded to the defendant carrier who must, within a prescribed time frame, either satisfy the complaint or explain to the Commission and the complainant its time frame, either satisfy the complaint or explain to the Commission and the complainant its failure to do so; where there is an indication of a violation or potential violation of a statute, regulation, rule, or order, records from this system may be referred to the appropriate Federal, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, state, or local agency responsible for investigating or prosecuting a violation or for enforcing or implementing the statute, rule, regulation, or order; a record from this system may be disclosed to a Federal agency, in response to its request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit; a record on an individual in this system of records may be disclosed, where pertinent, in any legal proceeding to which the Commission is a party before a court or administrative body; a record from this system of records may be disclosed to the Department of Justice or in a proceeding before a court or adjudicative body when: (a) the United States, the Commission, a component of the Commission, or, when represented by the government, an employee of the Commission is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Commission determines that the disclosure is relevant or necessary to the litigation; a record on an individual in this system of records may be disclosed to a Congressional office in response to an inquiry the individual has made to the Congressional office; a record from this system of records may be disclosed to GSA and NARA for the purpose of records management inspections conducted under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall not be used to make a determination about individuals.

**User Complaint Key: 11-C00311632-1**

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In each of these cases, the FCC will determine whether disclosure of the information in this system of records notice is compatible with the purpose for which the records were collected. Furthermore, information in this system of records notice is available for public inspection after redaction of information that could identify the complainant or correspondent, i.e., name, address and/or telephone number.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507 AND THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. SECTION 552a(e)(3).**

**From:** Berstler, Michael T. [mailto:BerstlMT@ihs.org]  
**Sent:** Thursday, July 07, 2011 1:19 PM  
**To:** Kathy Miller  
**Subject:** RE: phone system

Thanks Kathy I am concerned about this. I assume the larger organization that Allison is a part of have been involved in this concern to push Qwest.

Mike Berstler MD

**From:** Kathy Miller [mailto:kmiller@abcmcorp.com]  
**Sent:** Thursday, July 07, 2011 10:07 AM  
**To:** Berstler, Michael T.  
**Subject:** phone system

Dr. Berstler,

Wanted to let you know that I did contact Qwest and the local phone company about the issues we are continuing to have. I was told that you had trouble reaching us on Saturday and also yesterday. The phone companies are looking into the problem, but as of yet cannot locate what the issue is. I hope they get it figured out soon. When I filled out the 2 complaints with the FCC I did state that the care are residents receive is being compromised as we are not able to receive the communications from the physicians clinics.

I apologize for the inconvenience it has caused you and the other people trying to reach us.

**Kathy Miller**, Administrator  
Rehabilitation Center of Allison  
900 W 7th St  
P.O. Box 645  
Allison, IA 50602  
P: 319-267-2791 F: 319-267-2422  
[kmiller@abcmcorp.com](mailto:kmiller@abcmcorp.com)



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