

DISPUTE RESOLUTION PROGRAM FOR VERIZON WIRELESS CUSTOMERS

Arbitration Request Form



Consumer Information

NAME (LAST, FIRST, MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP

MOBILE PHONE

BEST NUMBER (IF DIFFERENT FROM MOBILE)

IF CELL PHONE SERVICE WAS OBTAINED AT ANOTHER ADDRESS PLEASE PROVIDE THAT ADDRESS BELOW:

STREET ADDRESS

CITY

STATE

ZIP

CHECK THE SUBJECT(S)/ISSUES THAT BEST DESCRIBE YOUR COMPLAINT:

Device/Product Performance

Network Performance

Billing

Payments/Collections

Fraud

Verizon Wireless Marketing/Advertising

Other - The subject of my complaint is not listed above. Please describe below

LIST ALL TELEPHONE NUMBERS (WITH AREA CODES) AND VERIZON WIRELESS ACCOUNT NUMBERS THAT ARE THE SUBJECT OF YOUR DISPUTE

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BRIEFLY DESCRIBE THE DISPUTE YOU WOULD LIKE TO ARBITRATE

WHEN DID YOU FIRST NOTIFY VERIZON WIRELESS IN WRITING ABOUT YOUR DISPUTE?

WHAT REMEDY ARE YOU SEEKING?

WHAT IS THE TOTAL DOLLAR AMOUNT OF THE REMEDY YOU ARE SEEKING?

BY SIGNING AND SUBMITTING THIS FORM, I AM REQUESTING ARBITRATION UNDER THE BBB NATIONAL PROGRAMS RULES OF BINDING ARBITRATION FOR VERIZON WIRELESS CUSTOMERS.

ACCOUNT OWNER SIGNATURE

DATE

(form must be signed by Account Owner for the line(s) subject to the dispute)

**PRINT THIS COMPLETED FORM AND MAIL/FAX IT TO BBB NATIONAL PROGRAMS
PLEASE BE SURE TO SEND ALL DOCUMENTS RELEVANT TO YOUR DISPUTE, INCLUDING:**

- ✓ Copies of any relevant bills
- ✓ Relevant correspondence with Verizon Wireless
- ✓ Contracts relating to your dispute
- ✓ Any other documentation that supports your position

RETURN THIS FORM VIA MAIL, EMAIL, OR FAX TO THE FOLLOWING ADDRESS:

BBB National Programs
ATTN: Verizon Wireless Dispute Resolution Program
1676 International Drive, Suite 550
McLean, VA 22102
FAX: 703-247-9700

