



## Video Programming Distributors (VPD) Data Entry

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VPD RECORD : V10-000979

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## VPD INFORMATION

**Type:** Broadcaster  
**VPD Name:** INDEPENDENCE PUBLIC MEDIA OF PHILADELPHIA, INC.  
**Call Sign:** WYBE

## IMMEDIATE CONTACT INFORMATION

**Phone:** 215-483-3900 *Ext:* 221 Telephone number for purposes of receiving and responding immediately to any closed captioning concerns.  
**Fax:** 215-483-6908 Fax number for purposes of receiving and responding immediately to any closed captioning concerns.  
**Email:** dgrims@mindtv.org Email address for purposes of receiving and responding immediately to any closed captioning concerns.

## WRITTEN COMPLAINT CONTACT INFORMATION

**Name:** Donna Grims Name of person with primary responsibility for captioning issues who can ensure compliance with rules.  
**Title:** Programming Manager Title of person or office with primary responsibility for captioning issues who can ensure compliance with rules.  
**Address 1:** 8200 Ridge Avenue Postal mailing address of person or office with primary responsibility for captioning issues who can ensure compliance with the rules.  
**Address 2:** **City:** Philadelphia  
**State:** PA **Zip Code:** 19128  
**Phone:** 215-483-3900 *Ext:* 221 Telephone number of person or office with primary responsibility for captioning issues who can ensure compliance with the rules.  
**Fax:** 215-483-6908 Fax number of person or office with primary responsibility for captioning issues who can ensure compliance with the rules.  
**Email:** dgrims@mindtv.org E-mail address of person with primary responsibility for captioning issues who can ensure compliance with the rules.

## SUBMITTER INFORMATION

**Submitter's Name:** Alisa Lahey **Submitter's Title:** Attorney  
**Submitter's Email:** alisa.lahey@dbr.com