



To receive an alert when Meeting Agendas are released

Individual Complaint Form

Date*: _____

Complainant or Legal Representative Information: * Required Fields

Name * _____
 Firm (if applicable) _____
 Mailing Address * _____
 City, State Zip * _____, _____ Phone * _____
 E-mail _____

Name of Utility Involved in Complaint: * _____

Type of Complaint (check appropriate box below.) *

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input type="checkbox"/> Other (be specific) _____ | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * Yes No **Name of ORS Contact:** _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

****I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.** Yes No

 Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
 COUNTY OF _____)
)

VERIFICATION

I, _____ Complainant's Name * verify that I have read my complaint filed on _____ Date *

and know the contents thereof, and that said contents are true. _____
 Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only	
Processed By	Date
H.E.	