



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: _____

Please provide the Section(s) of the [S.C. Statute\(s\)](#) or [S.C. Regulation\(s\)](#) allegedly violated by the Company:

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 UNDERSTAND AND AGREE THAT THE INFORMATION GIVEN ON THIS FORM IS PUBLIC INFORMATION THAT WILL BE PUBLISHED ON THE COMMISSION'S WEBSITE (dms.psc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.

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

VERIFICATION

STATE OF SOUTH CAROLINA
COUNTY OF _____

Internal Use Only

Processed By	Date
<input type="text"/>	<input type="text"/>
H.E.	

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

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