



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.**

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.	