

**Complete Form, Print, Sign and Mail to:**  
Public Service Commission of South Carolina  
101 Executive Center Drive, Suite 100  
Columbia, SC 29210



Phone: 803-896-5100  
Fax: 803-896-5199  
www.psc.sc.gov

## Individual Complaint Form

Date\*: \_\_\_\_\_

**Complainant or Legal Representative Information:**

**\*Required Fields**

Name\*: \_\_\_\_\_

Firm (if applicable): \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

City, State Zip\*: \_\_\_\_\_, \_\_\_\_\_ Phone\*: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you need a disability-related accommodation for the hearing?\*  Yes  No

**By signing below, I understand, consent, and agree that the information provided on this form – INCLUDING MY NAME, EMAIL ADDRESS, AND OTHER CONTACT DETAILS – will be published on the Commission’s website along with the content of my complaint and may be subject to further public disclosure.**

\_\_\_\_\_  
Complainant’s Signature\* (DO NOT PRINT)

**If I do NOT agree to share my email address and other contact information (by signing above), my complaint will still be processed without such public disclosure.**

**Name of Utility Involved in Complaint\*:** \_\_\_\_\_

**Type of Complaint (check appropriate box below.)\*:**

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

**Have you contacted the Office of Regulatory Staff (ORS)? \* Name of ORS Contact:** \_\_\_\_\_

Yes  No

**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.)

**Please provide the Section(s) of the [S.C. Code of Law\(s\)](#) or [S.C. Regulation\(s\)](#) allegedly violated by the Company (if known):**

## VERIFICATION

- I understand that I am applying for a complaint hearing without a lawyer (*pro se* litigant). The Commission's *Pro Se* Litigant Guide is available by [clicking this link](#).
- I understand that I am a Party proceeding without legal representation and shall remain fully responsible for compliance with the Commission's regulations and the Administrative Procedures Act and must agree to E-Filing and E-Service as provided in S.C. Code Ann. Regs. 103-817.1 unless excused from doing so for good cause shown.
- I understand that I am required to appear before the Commission should this complaint result in a hearing. That appearance can be virtual or in-person, so long as my image can be seen.
- I understand that I may have to provide documents to other Parties in this docket in the course of discovery.
- I understand that I may have to participate in a status conference during the course of this proceeding.
- I understand that if I wish to participate virtually, I must participate in a pre-hearing testing of the virtual technology.
- If I do not appear in the pre-hearing virtual technology testing, I understand that this may result in the dismissal of my complaint.
- If I do not appear in the hearing, I understand that this may result in a dismissal of my complaint.

STATE OF SOUTH CAROLINA  
COUNTY OF \_\_\_\_\_

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)

Internal Use Only

Processed By	Date
H.E.	