



## Individual Complaint Form

**\*\*By filing this complaint, you are requesting a hearing before the Public Service Commission\*\***

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.)

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

**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 \_\_\_\_\_

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.	