

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

****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: _____

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.	