



Individual Complaint Form Instructions and Procedure

Please contact the [Office of Regulatory Staff \(ORS\)](#) at 803-737-5230 (Columbia, SC) or 800-922-1531 (toll free) to attempt to informally resolve this issue prior to filing an official complaint with the Commission.

A. To file an official complaint:

1. Complete the [Complaint Form](#) found on the Commission's website at www.psc.sc.gov.
 - a.) The form may be completed and e-mailed to contact@psc.sc.gov.
 - b.) Alternatively, a blank copy of the form may be printed, filled out, and then mailed or faxed to the Commission.
2. Individuals do not need to have legal representation to represent themselves before the Commission, but a corporation, partnership, limited liability company, or group of people or association must be represented by legal counsel. Neither the Commission nor the ORS can provide legal advice.
3. If additional documentation is necessary to supplement your complaint, attach it to the form. **The Public Service Commission of South Carolina has adopted the same standards regarding protection of personal identifying information as are in place in the various state courts (except Family and Probate Courts). These are set out in Rule 41.2(a) of the South Carolina Rules of Civil Procedure and are listed below:**
 - a) **Redaction.** A person filing a document in paper or electronic format shall not include, or will redact where inclusion is necessary, the following personal identifying information.
 - b) **Social Security Numbers, Taxpayer Identification Numbers, Driver's License Numbers, Passport Numbers or Any Other Personal Identifying Numbers.** If it is necessary to include personal identifying numbers in a document, the parties should utilize some other identifier. Parties shall not include any portion of a social security number in a filing.
 - c) **Names of Minor Children.** If a minor is the victim of a sexual assault or the victim in an abuse or neglect case, the minor's name must be completely redacted and a term such as "victim" or "child" should be used. In all other cases, the minor's first name and first initial of the last name (i.e., John S.), or only the minor's initials (i.e., J.S.) should be used.
 - d) **Financial Account Numbers, Including Any Type of Bank Account Numbers, Personal Identification Number (PIN) Code, or Passwords.** If financial account numbers are relevant, only the last four digits of these numbers should be used.
 - e) **Home Addresses of Minors, Sexual Assault and Abuse and Neglect Victims, and Non-Parties.** If a home address of a minor, sexual assault victim, or non-party must be included, only the city and state should be used.
 - f) **Date of Birth.** If a date of birth must be included, only the year of birth should be included.

Individuals who file documents with the Public Service Commission are hereby notified that their filings will be made available to the public on the Commission's searchable Docket Management System. The Public Service Commission assumes no responsibility for redacting personal identifying information from any filings. It is solely the responsibility of the filer to ensure that no personal identifying information is made public by inclusion in his or her filings.

I have read and understand the Public Service Commission's policy pertaining to privacy protection for filings.

Signature of Filer: _____

4. The Commission hears matters involving regulated utilities, but cannot award any monetary damages other than refunds for overpayments.

5. Complete the section of the form regarding publishing the contents of the complaint on the Commission's website (dms.sc.gov).

6. Complete the Verification section of the form. The form must be dated and signed before it will be processed. The information presented in the complaint form will serve as your pre-filed testimony for your case. It is important that your Statement of Facts be accurate and concise.

B. Your complaint will be processed by the Clerk's Office and assigned a docket number.

C. A Hearing Examiner will be appointed to your case.

D. You will receive a letter notifying you of the date of your hearing before the Commission.

E. After the Docketing Department has assigned a docket number, you can review your case online by accessing the Commission's **Docket Management System (DMS)** (<http://dms.psc.sc.gov/dockets>). To view your case, enter the docket number assigned to your case. The docket number is in the format yyyy-nnn-l (e.g. 2009-401-E) and will be located on any correspondence to you from the Commission.

F. After the docket is established, any mailings or requests to the Commission must be copied to all parties of record listed in the docket.

G. You must continue to make timely payments on any undisputed amounts on your account while your case is pending before the Commission or your service may be disconnected.



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 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.

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.	