



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

- ☐ 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 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 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 will result in the dismissal of my complaint.
- ☐ If I do not appear in the hearing, I understand that this will 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.	