



FOR OFFICIAL USE ONLY

PSC COMPLAINT NO.: _____

RECEIVED BY: _____

DATE RECEIVED: _____

**GOVERNMENT OF THE UNITED STATES VIRGIN
ISLANDS
PUBLIC SERVICES COMMISSION**

Complaint Form

1. Before you submit the complaint form, please make sure you reach out to the utility you have the dispute with to allow them to rectify the problem.
2. Submit a copy of all letters, receipts, or any other documentation that may support your claim. Please note that as a part of the complaint handling process, the Public Services Commission (PSC) may forward a copy of this complaint to the utility complained against.

_____ St. Croix

_____ St. Thomas

_____ St. John

Customer Information

Customer Name (as indicated on account): _____ Date: _____

Name of Authorized Complainant if different than above: _____

Physical Address: _____
Location of the complaint *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

Is this service for your home or business: _____ Name of Utility: _____ Account Number: _____

Mailing Address: _____

Briefly describe your complaint. Indicate specific details, i.e., dates, names, and occurrences.
