



<b>FOR OFFICIAL USE ONLY</b>
<b>PSC COMPLAINT NO.:</b> _____
<b>RECEIVED BY:</b> _____
<b>DATE RECEIVED:</b> _____

**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 that you have the dispute with to allow them the opportunity 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.**

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