



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

**GOVERNMENT OF THE UNITED STATES  
VIRGIN ISLANDS**

**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: \_\_\_\_\_ **Complaint Received Via:**  
**(In person, Phone, Email)** \_\_\_\_\_

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

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**By submitting this complaint, you are stating that the information contained in the complaint and any attachments or exhibits is true and accurate to the best of your knowledge.**