



FOR OFFICIAL USE ONLY	
PSC COMPLAINT NO.:	_____
RECEIVED BY:	_____
DATE RECEIVED:	_____
REFERRED TO:	_____ DATE: _____

**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.

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.