Reset Form

COMPLAINT

State Form 50488 (R / 10-13)
INDIANA UTILITY REGULATORY COMMISSION
CONSUMER AFFAIRS DIVISION

If you have not contacted your utility company with this complaint, please contact the utility prior to completing this form.

Section 1: Utility Customer/Account holder
Provide information about the utility customer lodging complaint.

*DENOTES REQUIRED FIELDS

***Email Address:** ____ _____

***First Name:** _____

***Last Name:** _____

Business Name: _____

***Address** *(number and street)*: _____

***City, State, and ZIP**: _____

Please include a telephone number where you may be reached during normal business hours.

***Telephone Number** *(area code)*: _____ ☐ Home ☐ Business

Section 2: Contact Person
Note: Complaints must be submitted by the customer of record or a party authorized with the utility company to discuss the complaint.

☐ **Check box if information same as above.**

E-mail Address: _____

***First Name:** _____

***Last Name:** _____

***Contact Telephone Number** (*area code*): _ _____ **Ext:** _____

Section 3: Utility Information
Provide information about utility account.

***Account Class:** ☐ Home ☐ Business

Name of Utility Company: _____

Account Number: _____

Select Utility Type:
☐ Gas ☐ Electric ☐ Water ☐ Sewer ☐ Telephone ☐ Cable/Video ☐ Pipeline ☐ Other

Section 4: Have you been in contact with the utility? ☐ Yes ☐ No
If yes, date *(month, day, year)*: _____

A customer must first seek to resolve a dispute with the utility prior to requesting assistance from the IURC. If you have not spoken with your utility regarding this issue, please do so before submitting complaint to the IURCs Consumer Affairs Division.

Section 5: Briefly Describe Complaint or Situation
(If the complaint is concerning telephone service, please provide the telephone number experiencing problems.)

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Upon completion mail form to:
CONSUMER AFFAIRS DIVISION
INDIANA UTILITY REGULATORY COMMISSION
101 West Washington Street, Suite 1500E
Indianapolis, IN 46204-3407