State of Minnesota
Public Utilities Commission

Consumer Complaint/Inquiry Consumer Record #

Your Name	Name of Telephone, Gas, or Electric Company
Mailing Address	Person contacted at Telephone, Gas, or Electric Company
City, State, Zip	Customer Account Number(s)
Service Address (if different)	Your E-Mail Address
City, State, Zip	Home Phone # Work Phone # Cell/Other Phone #

Have you contacted another agency about this issue? ___YES ___NO
If yes, give name of agency:

Have you contacted the utility? __YES __NO If not, please do so before sending this form.
Please attach the utility's response and all documentation, including a copy of the affected bill(s).

The information you provide may be used to help resolve your concern and/or enforce applicable laws. The information may be shared with the utility and law enforcement agencies. You are not legally required to provide this information, but if you do not, we may not be able to help resolve your concern.

Please write details about your concern and the action you would like the utility company to take:

The information I have given is true and accurate to the best of my knowledge and may be used as stated on this form. ****If you do not sign this form, it will be returned to you.****

Your Signature: Date:

We hope our efforts will help resolve this concern. Look for a response in 30 business days. 06/09

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