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	Your E-Mail Address
City, State, Zip	Home Phone # Work Phone # Cell/Other Phone #

Have you contacted another agency about this concern? ___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 in efforts to resolve the problem and/or enforce applicable laws. The information may be shared with the party complained against and law enforcement agencies. You are not legally required to provide this information, but failure to do so may hinder efforts to resolve your problem.

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.

Your Signature: Date:

We hope our efforts will assist you in resolving this problem. Look for a response in approximately 30 business days.

05/07

www.puc.state.mn.us
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