**Individual Complaint Form**

**Date**: 10/31/2017

**Complainant or Legal Representative Information**: *

<table>
<thead>
<tr>
<th>Name</th>
<th>Cynthia Salvo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm (if applicable)</td>
<td>n/a</td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City, State Zip</td>
<td>SC</td>
</tr>
<tr>
<td>Phone</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Type of Utility Involved in Complaint**: * S. C. E. & G.

**Have you contacted the Office of Regulatory Staff (ORS)?**  
Yes [ ] No [x]  
Name of ORS Contact: Dawn M. Hipp/Dukes Scott

**Concise Statement of Facts/Complaint**: *(This section must be completed. Attach additional information to this page if necessary.)*

You folks need to start ADVOCATING FOR RATEPAYERS relative to the disaster SCANA has visited upon the people of SC. I do not believe you have EVER refused a rate increase, have you?

**Relief Requested**: *(This section must be completed. Attach additional information to this page if necessary.)*

Do the right thing and SEE TO IT THAT there are refunds of the monies those parasites at S.C.E. & G. have taken from ratepayers and shamefully wasted.

**State of South Carolina**

**County of**: DORCHESTER

**Verification**

I, Cynthia Salvo, verify that I have read my complaint filed on 10/31/17 and know the contents thereof, and that said contents are true.

**Complainant’s Signature** (MUST BE SIGNED, DO NOT PRINT)

**Internal Use Only**

Processed By | Date
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Phone: 803-896-5100  
Fax: 803-896-5199  
www.psc.sc.gov