

Individual Complaint Form

803-896-5199

Date: 9-29-16

Complainant or Legal Representative Information: \* Required Fields

Name \* Tammy Bible  
Firm (if applicable)  
Mailing Address \* 6526 Whitehorse Rd APT 16A  
City, State Zip \* Greenville SC 29611 Phone \* 864-421-5460  
E-mail

Name of Utility Involved in Complaint: \* Duke Energy

Type of Complaint (check appropriate box below) \*  
 Billing Error/Adjustments  Deposits and Credit Establishment  Wrong Rate  Refusal to Connect Service  
 Disconnection of Service  Payment Arrangements  Water Quality  Line Extension Issue  
 Service Issue  Meter Issue  
 Other (be specific)

Have you contacted the Office of Regulatory Staff (ORS)? \*  Yes  No Name of ORS Contact: Talisha Walker

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

The company did not offer an extension to my current arrangement

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OCT 20 2016

PSC SC CLERK'S OFFICE

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2016 OCT 20 11:51 AM  
COMMISSION

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

I would like to have a arrangement that i can pay I have 4 grandkids ages 2-10 I get \$430<sup>00</sup> mthly

\*\*I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.  Yes  No

Tammy Bible  
Complainant's Signature\* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA )  
COUNTY OF )

VERIFICATION

I, Tammy Bible Complainant's Name verify that I have read my complaint filed on 9-29-16 Date

and know the contents thereof, and that said contents are true.

Tammy Bible  
Complainant's Signature (MUST BE SIGNED, DO NOT PRINT)

