



COMPLAINT FORM FOR ELECTRICITY SERVICE



COMPLAINT NUMBER

Contact Information

First Name:	Last Name:
City/Town:	District
County:	
Telephone No	Email:

Company/Licensee Information

Licensee Name:
Account No:

Describe your complaint. Explain the problem you are having with the Licensee

What was the Licensee's response when you contacted them?

What action do you want LERC to take or what reliefs are you seeking?

Any other relevant information

Please list and attach any supporting documents