NYS Department of Public Services Consumer Services Division 3 Empire State Plaza Albany, NY 12223-1350

Fax: 518-486-1350

COMPLAINT FORM

(Please print all information)

If you have not contacted your utility company with this complaint, please do that as a first step. If you have already contacted your utility and are not satisfied with its response, please fill out this form and mail it to the address shown above.

this form a	ina maii it	to the addi	ess snown	above.						
Utility:	New Yo	Account	Account No. 01252007							
Telephone	ephone: ()				Daytime Reach No.: ()					
Title:	Mr.	Mrs.	Ms.	Miss	Dr.	Rab	bi	Rev.		
Name:										
Address:	First			MI			Last			
	City			State			Zip C	Code		
	1. What	t is your pro	blem?							
	2. What would you like the PSC to do for you?									
	3. Whom did you speak with at the utility?									
	4. What did you ask the company to do?									
Date:				Signatu	ıre:					