



**GOVERNMENT OF THE VIRGIN  
ISLANDS  
OF THE UNITED STATES  
PUBLIC SERVICES COMMISSION**

**Please submit a copy of all letters, receipts, cancelled checks, or any other documents that may support your claim. Keep in mind, that as part of the complaint handling process, the PSC may forward a copy of this complaint to the utility complained against.**

**PSC COMPLAINT NO. \_\_\_\_\_ (for office use)**

**St. Thomas \_\_\_\_\_**

**St. Croix \_\_\_\_\_**

**St. John \_\_\_\_\_**

Date \_\_\_\_\_

Physical Address \_\_\_\_\_

Name \_\_\_\_\_

Account # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact # \_\_\_\_\_

Was the utility in question advised of your complaint? \_\_\_\_\_

Briefly describe your complaint in the order in which it took place. Please include specific details; for example: dates, names, occurrences:

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