

INFORMAL COMPLAINT

# 2010-11693

For Commission Use Only:  
Case: 10-0627

FORMAL COMPLAINT

Illinois Commerce Commission  
527 E. Capitol Avenue  
Springfield, Illinois 62701

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

ORIGINAL

Regarding a complaint by (Person making the complaint): TED LIMBEROPOULOS

Against (Utility name): COMMONWEALTH EDISON COMPANY

As to (Reason for complaint) ① DEPOSIT REQUEST; ② IMPROPER BILLING;  
③ UNFAIR CHARGES TO ACCOUNT; ④ UNFAIR PRICES  
FOR LOW INCOME HOUSEHOLDS; ⑤ IMPROPER NOTIFICATION  
OF ADDED CHARGES ON ACCOUNT; ⑥ PRICE GAUGING  
AGAINST DISABLED & LOW INCOME PEOPLE; ⑦ IMPROPER  
NOTIFICATION ON DISCONTINUING SERVICE; etc.  
in CHICAGO Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 4113 WEST 81<sup>ST</sup> PLACE, CHICAGO, IL. 60659

The service address that I am complaining about is SAME AS ABOVE (4113 W. 81<sup>ST</sup> PL., CHICAGO, IL. 60659

My home telephone is (773) 582-5670

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (773) 582-5670

My e-mail address is N/A I will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company) COMMONWEALTH EDISON COMPANY (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ILLINOIS COMMERCE COMMISSION  
2010 NOV -1 P11:25  
CHIEF CLERKS OFFICE

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?  Yes  No

Has your complaint filed with that office been closed?  Yes  No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

- ① REQUEST FOR DEPOSIT WAS NEVER EXPLAINED AS TO HOW MUCH & HOW MANY PAYMENTS. AS A LOW INCOME, DISABLED PERSON & LIEHEAP RECIPIENT THE DEPOSIT SHOULD BE WAIVED AS LONG AS PAYMENT ARRANGEMENT ARE MADE FOR WHICH I WAS TOLD I QUALIFY.
- ② COMPANY REPRESENTATIVE TOLD ME THAT I HAD TO MAKE A REGULAR PAYMENT & THE DEPOSIT PAYMENT AT THE SAME TIME. OUT OF MY MONTHLY INCOME OF \$651.00/MONTH THEY WANT CLOSE TO \$200.00 - THAT'S UNFAIR.
- ③ THE PRICES CHARGED LOW INCOME & DISABLED PEOPLE IS UNFAIR IF MY BENEFITS BY S.S. & S.S.I. ARE FROZEN BY THE GOVT. SO SHOULD PRICES BY UTILITY COMPANIES THAT OPERATE AS MONOPOLIES. AS A CONSUMER I DO NOT WANT TO PAY FOR ELECTRIC SERVICE FROM ANOTHER COMPANY.
- ④ THAT DEPOSITS REQUESTED ON MY ACCOUNT BE WAIVED; ② SINCE LIEHEAP WILL BE MAKING A PAYMENT TO COM. ED THAT I SHOULD NOT HAVE TO MAKE AN INITIAL PAYMENT; ③ THAT MY ACCOUNT SHOULD NOT BE CHARGED LATE FEES.

Please clearly state what you want the Commission to do in this case: HAVE THE OPTION OF GETTING ELECTRIC SERVICE FROM ANOTHER COMPANY.

**NOTICE:** If personal information (such as a social security number or a bank account number) is contained in this complaint form or provided later in this proceeding, you should submit both a public copy and a confidential copy of the document. Any personal information contained in the public copy should be obscured or removed from the document prior to its submission to the Chief Clerk's office. Any personal information contained in the confidential copy should remain legible. If personal information is provided in your public copy, be advised that it will be available on the internet through the Commission's e-Docket website. The confidential copy of any filing you make, however, will only be available to Commission employees. If you file both a public and confidential version of a document, clearly mark them as such.

Today's Date: 10/4/2010  
(Month, day, year)

Complainant's Signature: Ted Limberopoulos

If an attorney will represent you, please give the attorney's name, address, telephone number, and e-mail address.

When you finish filling out this complaint form, you need to file the original with the Commission's Chief Clerk. When filing the original complaint, be sure to include one copy of the original complaint for each utility company complained about (referred to as respondents).

**VERIFICATION**

A notary public must witness the completion of this part of the form.

I, TED G. LIMBEROPOULOS, Complainant, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

Ted G. Limberopoulos  
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) 10-28-2010

Dominik Kukulak  
Signature, Notary Public, Illinois



**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing.



## ILLINOIS COMMERCE COMMISSION

October 14, 2010

Ted Limberopoulos  
4113 W. 81<sup>st</sup> Place  
Chicago, IL 60652

Dear Mr. Limberopoulos:

We received the enclosed formal complaint form in this office. However, it could not be accepted because it did not contain an original signature on the Verification portion of the second page of the form. The Verification portion must be signed by you and signed and notarized before a notary public. We are, therefore, returning the complaint to you.

Once we receive the fully-completed formal complaint form in this office, it can be processed.

Sincerely,

Elizabeth A. Rolando  
Chief Clerk

EAR:mam  
Enclosure

P.S. I've tried to work with Com-ED but they keep changing the rules such as asking for excessive payments even though I qualify for payment plan. They do NOT WANT TO ACCEPT the LIHEAP payment AS PART of a payment plan & they've refusing to accept my doctor's Note for med exception for a short period. They're giving misinformation over the phone & when I call customer service I've had to wait over 40 minutes. — T.C.