

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

For Commission Use Only:
Case: 10-0667

ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

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

2010 NOV 22 P 12:58

ORIGINAL

CHIEF CLERK'S OFFICE
Regarding a complaint by (Person making the complaint):

Patricia Tillman

Against (Utility name):

Com Ed

As to (Reason for complaint)

I Patricia Tillman was lead to believe that through the

Helping Hands program, if I paid half of my disconnection notice the other

half would be forgiven. Not only have it not been forgiven, the \$1,393.76

has not been deducted from my ComEd bill. And, I've tried to

get on a payment plan and com ed will not allow me to get on a payment

in Chicago Illinois.

Plan.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

9637 S. Chappel Chicago IL 60617

The service address that I am complaining about is

9637 S. Chappel Chicago IL 60617

My home telephone is

(773) 703-9689

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(773) 703-9689

My e-mail address is

N/A

I will accept documents by electronic means (e-mail) Yes

No

(Full name of utility company) Com Ed

(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.

Section 200.85 200.20 200.30 200.40 E 5 ILCS 100/1-30

(220 ILCS 5/10-1017 200.90 200.170 200.185

200.180 200.185 200.190 200.345 200.360 200.370

200.530 200.550 200.880 200.890

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.

My complaint is that ComEd is not honoring the Helping Hands Program agreement they made with me on or about 03-15-2010. I Patricia Tillman spoke with a customer service rep and she told me to go pay \$1,086.55 on my disconnection notice because you have already paid \$300.00 of your final disconnection notice on Feb, 1, 2010 at your bill of \$2,773.11 will become \$0 balance so I paid \$386.00 on 4-29-2010 and \$407.76 on 03-23-10 and \$300.00 on 03/15/2010 they did not honor the agreement I'm still getting late charges from that bill they haven't taken the money that I paid them off the bill. And they have me blocked so that I can't get on a payment plan because I've made a complaint on them.

Please clearly state what you want the Commission to do in this case:

I want you to have ComEd adjust my electric bill to what it really should be and to allow me to get on a plan to pay the rest of my bill so that I can get to a zero balance and erase all those late fees that I should not be paying please help I just want this bill paid.

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: 10-26-2010
(Month, day, year)

Complainant's Signature: Patricia Tillman

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, Patricia Lynn Tillman, 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.

Patricia L. Tillman
Complainant's Signature



Subscribed and sworn/affirmed to before me on (month, day, year) 11-8-10

Signature, Notary Public, Illinois California

(NOTARY SEAL)

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

They have also over charged me. And told me it was an estimated bill of \$400.00 they constantly over charge me on my bill and told me in the winter months it was because I had electric heaters. I don't have electric heaters and told me I must have too many freezers in the summer. I just want to pay this bill and get to a zero balance like my Gas bill.

I want what I don't owe them erased, ~~to include~~ The \$2773.11 I want the late fees erased because of that bill I want them to stop threatening to turn off my lights and I want the remaining balance of about ~~to be~~ \$800.00 to be paid in installments. ☹

I, Patricia Lynn Tillman
affirm that the statements
made by me are truthful
and accurate.

Patricia L. Tillman
Patricia Lynn Tillman

sworn/affirmed to before
me on 11-8-10

~~Jose Martinez~~
Notary Public
California

