

Illinois Commerce Commission
Comment / Complaint Form

Please fully complete the form. If you do not provide this information we will not be able to make a record of your informal complaint.

1. Name and address on utility bill or name of person applying for utility service.

Name:	Jamal Shehadeh #e10300
Street Address:	P.O. Box 1000
Address (cont):	
City:	Lincoln, IL 62656
State:	
Zip Code:	

2. Mailing address if different than billing address.

Name:	
Street Address:	
Address (cont):	
City:	
State:	
Zip Code:	

3. Telephone number at your home. Required unless you do not have a home telephone. If the telephone service was turned off by the telephone company provide the number that is turned off. If you do not have home telephone then state "no home phone".

Home Phone:	n/a
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4. Daytime telephone number where you can be contacted.

Daytime Phone:	n/a
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5. Name of the utility company against which you are filing comment / complaint.

Utility:	Consolidated Communications Public Services
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6. Your account number with the utility company.

Account Number:	n/a Illinois Dept. of Corrections/ Central Management Services Contract
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7. Please indicate if type of service supplied by utility is electric, gas, telephone, water or sewer.

Please check all that apply.

Telephone	<input type="checkbox"/>	Local Service	<input type="checkbox"/>	Local To Service	<input type="checkbox"/>	Long Distance Service	<input checked="" type="checkbox"/>
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Electric	<input type="checkbox"/>	Alternative Services	<input type="checkbox"/>
Gas	<input type="checkbox"/>	Alternative Services	<input type="checkbox"/>

Water	<input type="checkbox"/>
Sewer	<input type="checkbox"/>

8. Description of utility complaint.

The utility has failed to maintain and service the telephones at Logan Correctional Center which has caused and continues to cause my calls to be dropped or terminated early due to faulty microphones and crosstalk on the lines. The utility is required by the terms of its CMS contract to provide and service all offender telephones.

9. Date you contacted utility to address your concern (n/a if you simply wish to comment).

Date:	March - August 2011
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10. Description of utility company's response (n/a if you simply wish to comment).

I am not entitled to telephone service despite the contract provisions and the fact that I have a pre-paid account for placement of my calls since I am an inmate in the IDOC.

11. What relief you are seeking through the Illinois Commerce Commission's Consumer Services Division. Fill out this item only if seeking an informal complaint to be sent to the utility.

That I be refunded for my dropped calls and that the utility be required to service the telephones as required by its contract.

12. Please indicate by checking below if you wish your opinion to be noted or a complaint sent to the utility company. Check only 1 box.

Register my Opinion Comments	<input type="checkbox"/>
Informal Complaint sent to Utility	<input checked="" type="checkbox"/>

13. Please include documents that pertain to this matter such as bill copies, identification, etc...