

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**  
**FORMAL COMPLAINT**

For Commission Use Only:  
Case: 12-0206

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

**ORIGINAL**

Regarding a complaint by (Person making the complaint): LUZ MERY SAENZ SEJAS

Against (Utility name): COMED

As to (Reason for complaint) UNFAIR ADDITIONAL RETROACTIVE  
CHARGE FOR ELECTRICAL SERVICES.

in ROCKFORD Illinois.

CHIEF CLERK'S OFFICE  
2012 MAR 19 1 P 2: 35  
ILLINOIS COMMERCE  
COMMISSION

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 2173 IVANELLE RD, ROCKFORD, IL 61108

The service address that I am complaining about is 2173 IVANELLE RD, ROCKFORD, IL 61108

My home telephone is [815] 880-7709

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [847] 401-6444

My e-mail address is \_\_\_\_\_ I will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company) ComEd An Exelon 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.

83-16 Adm. Part 280.80

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.

See attached pages: 1, 2, 3.

Please clearly state what you want the Commission to do in this case: *That additional retroactive payment bills will be removed, since they were based on estimation. Those bills were paid in full already.*

**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 (Social Security Number, Driver's License Number, Medical Records, etc.) 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: 03/10/2012  
(Month, day, year)

Complainant's Signature: *[Signature]*

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**

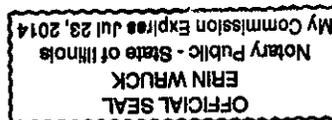
A notary public must witness the completion of this part of the form.

I, Luz M. Sanz Sejas, 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.

*[Signature]*  
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) March 10, 2012

*[Signature]*  
Signature, Notary Public, Illinois



(NOTARY SEAL)

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