

For Commission Use Only:  
Case: 14-0104

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**  
**FORMAL COMPLAINT**  
Illinois Commerce Commission  
527 E. Capital Avenue  
Springfield, Illinois 62701

**ORIGINAL**

Regarding a complaint by (Person making the complaint): Bert ~~Witda~~ Lang Exterior NW  
Against (Utility name): Illinois Bell Telephone d/b/a At&T Illinois  
As to (Reason for complaint) Substandard IP Fax Service, and  
At&T Refusal to compensate

in Chicago Illinois.

ILLINOIS COMMERCE COMMISSION  
2014 FEB - 3 P 2:57  
CHIEF CLERK'S OFFICE

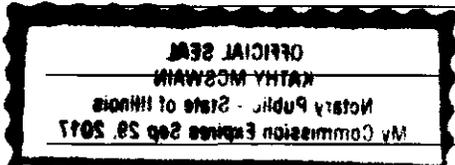
**TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:**

My complete mailing address is (include City) 2323 W. 59th St. Chicago, IL, 60636  
The service address that I am complaining about is 2529 N. Pulaski Rd Chicago, IL 60618  
My home telephone is (708) 382-0702  
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (773) 737-4500

My e-mail address is langmairten@yaho.com will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company) Ill. Bell Telephone d/b/a At&T Illinois (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.



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. Switched to IP Flex from POTS lines because we were told the only difference we would see was our cost would be lower; The change started 9/4/2013
2. Was unable to use any features we had with POTS line, repeated dropped calls, had to dial without pausing etc.
3. Ill. Bell/Amr Illinois refusing to credit for 3 months of Bad Service 2,894.67.

Please clearly state what you want the Commission to do in this case.  
To be reimbursed for 3 months of substandard service

**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: 1/17/14  
(Month, day, year)

Complainant's Signature: [Handwritten 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**

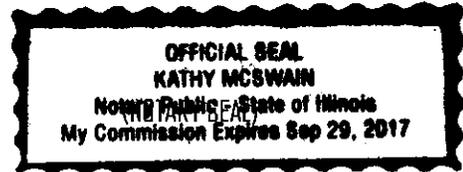
A notary public must witness the completion of this part of the form.

I, Harbert Wipka, 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.

[Handwritten Signature]  
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) Jan 17 2014

[Handwritten Signature]  
Signature, Notary Public, Illinois



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

## Formal Complaint Additional Information

4. The Invoices we are seeking full credit for are from Account # 171-795-7042 001; Dated Sep 19, 2013 #8131332201 for 1284.07, Oct. 19, 2013 # 5731891207 for 584.25, Nov 19, 2013 # 2640452203 for 732.35, and Dec 19, 2013 for 372.37 and Refund of overpayment of 175.88. Totaling 3148.92

5. Also seeking reduction of rates for Account # 7737374500-957, because the IP Flex was supposed to reduce the cost of our telephone system and have all the function and features of the POTS line system. It didn't function the same way or well at all, nor were any of the features available on the IP Flex system.

6. Compensation for 6 months (May 2013 – Nov 2013) of Research and Development by 5 people at Lang Exterior to try to put the failed IP Flex into service at our North Side Location, we're seeking a 5,000.00 credit to our 7737374500-957 account. Which we believe to be a more than reasonable number.