

For Commission Use Only:

16-0196

Case: 3-6-2016

FORMAL COMPLAINT

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

RECEIVED

MAR 18 2016

ILLINOIS COMMERCE COMMISSION
CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): Halina Izydorczyk

Against (Utility name): Ambit Energy

As to (Reason for complaint) I was an Ambit customer for many years on a reduced gas rate program. Ambit removed me from the plan without notifying me, and as a result I paid over \$700 for 2 months. I would like to get a refund for the months that I had a higher rate.
in Chicago Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 6212 W. Melrose St Chicago, IL 60634

The service address that I am complaining about is 6212 W. Melrose St. Chicago, IL 60634

My home telephone is (773) 322-3771

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (773) 322-3771

My e-mail address is Izydorczyk.Halina@gmail.com will accept documents by electronic means (e-mail) Yes No

(Full name of utility company) People's Gas (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.

12-04-15 TO 01-05-16 \$ 299,91 Bill Date - 01-08-2016
01-05-16 TO 02-04-16 \$ 414,46 Bill Date - 02-08-2016
02-04-16 TO 03-07-16 \$ 402,50 Bill Date - 03-08-2016

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

I wish to receive a refund for the months I paid higher rates.

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.

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: 3/6/2016 (Month, day, year) Complainant's Signature: Johna Szoloway

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

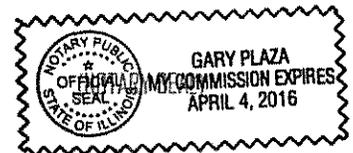
A notary public must witness the completion of this part of the form.

I, KALINA TZYDORCZYK, 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.

Johna Szoloway
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) MARCH 11, 2016

[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.