ORIGINAL

For Commission Use Only:
Case: 16-0389

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

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

RECEIVED
AUG 03 2016
ILLINOIS COMMERCE COMMISSION
CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): JAMES R Smith.

Against (Utility name): PEOPLES GAS light and Coke Company.

As to (Reason for complaint) ... Senior Specialist, Customer relations, mr. Bill Hendrikson, and unknown Supervisor, with the above aforemention - request I pay more monies, to avoid - June 28, July 11, 2016 - Cut off. I decline position, due to fincial instability - may 11 - Jun 9th.

in CHICAGO Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 7049 S. CARPENTER, 1ST FLR. CHICAGO IL. 60621.

The service address that I am complaining about is 7049 S. CARPENTER 1ST FLR CHG. 60621

My home telephone is (cell only) [773] 272-5649.

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [773] 272-5649.

My e-mail address is Ø

I will accept documents by electronic means (e-mail) ☐ Yes ☑ No

(Full name of utility company) PEOPLES GAS, LIGHT & COKE Co. (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.

83-11 Adm PART 280.50 (a) 280.70 (a)
informal Complaint - Utility Record 2016-08429.
formal Complaint - Docket 15-0617

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) on June 11, 2001 - Contact People Gas rep. and ask for a extension. for June 21, 2001 "plan amount" $247.89. (2) the rep. agreed - "10" day extension - July 1, 2001 3) they did'nt keep their part of the bargin - June 26, 2001 a cut off notice arrive 4) total amount due [3,933.34.] (5) I call mr. Hendrixson - and explain my fin - anical trife -- Social Security Check was suspended, due to, some one useing my name - Investigation - concluded on July 6, in my favor (6) mr. Hendrixson return from vac. July 11, 2001 -- explain to him that the Social Security situation was (ok) started a new JOB - Gas Relation "Supervisor want 995.00 -- with additional monies due on the 1st July for $250.00 this is totally, unacceptable -- SS. monies won't be deposited until - Aug 9TH 2001. and I have not draw a check from my employer.

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

re-work the agreement - that Agree to (161.00) plus the bill. -- and I will not have a problem - with the - budget installments -

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: 7/29/16 (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.

No Attorney, I will Rep. my Self.

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, JAMES R SMITH, 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) August 01, 2016

"OFFICIAL SEAL"
Elizabeth Hernandez
Notary Public, State of Illinois
My Commission Expires 4/10/2019

[signature] Elizabeth Hernandez
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.