

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

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

For Commission Use Only:
Case: 16-0400

AUG 23 2016

ILLINOIS COMMERCE COMMISSION
CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): Mrs. Kathleen Smith
Against (Utility name): Commonwealth Edison / Charging me
As to (Reason for complaint) Outrageous Bill \$546.66 that I only
owe \$63.00 Dollars my bill was \$221.00 - 158.00 owing
\$63.00 on July 11th 2016 Commonwealth Edison then off
power leaving me defenseless KS with out usage for
my medication & food I'm a diabetic with other chronic
problems and live on a
in Sauk Village Illinois. 60411 Fix income of \$719.00

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) ^{new} 185W. 14th Place (B4) Chicago Hts, IL. 60411
MOVED out July 18/15 old
The service address that I am complaining about is 2039 218th Street Sauk Village, IL. 60411

My home telephone is (708) 517-9044

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [] 9:00 am - 12:00 p.m.

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

(Full name of utility company) Commonwealth Edison (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.
Voluntary Mediation (I Kathleen Smith need Help
Complaint # 2016-06465
I need help and no one cared

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

I need to be on an hardship plan
with Commonwealth Edison now KS.
August 17/2016.

1
My Bill was \$ 321.00 - \$ 158.00 Dollars paid for on June 2015 Owing a Balance of \$ 63.00 on July 11/2015 Turn off power knowing I am Incurly Depended

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.

I Kathleen Smith Berry Charge For a light Bill at 2039 218th street and I know longer live there at this Dwelling I left there and live with my neice Mrs Dalton. Illinois Before proceeding to Phoenix, Arizona which I have proof of and also was homeless, and living with people and even in a ~~the~~ shelter I was mistreated by Common Wealth Edison on this matter
Please clearly state what you want the Commission to do in this case:
I am a Diabetic with other Chronic illnesses and I cannot have this bestowed on me

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: August 17/2016 Wed.
(Month, day, year)

Complainant's Signature: *Kathleen Smith*

I want Common Wealth Edison to take this off of me
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, *Kathleen 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.

Kathleen Smith
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) August 18, 2016.

Sarah L. Danta
Signature, Notary Public, Illinois



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

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

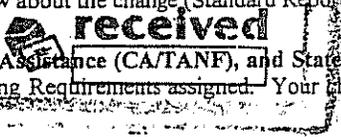
WHEN I KS Applied
↓ KS

CHANGE REPORT

You only need to complete the sections that apply to the change(s) you are reporting.

To report changes in your household circumstances, complete and return or fax this form and provide proof of the change(s) to your local office. You may also call (in Phoenix) (602) 542-9935, or toll-free (outside Phoenix) 1-800-352-8401. AHCCCS Health Insurance/Medical Assistance (MA) households are required to report all changes within 10 days of the day they know about the change (Standard Reporting). Complete the sections that apply to the change(s) you are reporting.

Nutrition Assistance (NA), Cash Assistance (CA/TANF), and State Assistance households must report changes according to the following Reporting Requirements assigned. Your change reporting requirement is listed in your approval or change letter.



AGENCY USE	
DATE RECEIVED	SEP 28 2015
HOW RECEIVED	<input checked="" type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail
MESSAGE RECEIVED BY	Imperson

• **Standard Reporting**

CA/NA—You must report changes before the 10th calendar day of the month following the month the change occurs.

MA—You must always report within 10 calendar days of the day you know about the change. Complete the sections that apply to the change(s) you are reporting. (If you receive MA, you are assigned to Standard Reporting)

- **Simplified Reporting** – During your approval period for NA and/or CA, you only have to report when your gross earned and unearned income (before deductions) is more than the income limit for your NA and/or CA family size (see the charts listed in the publication, "Your Change Reporting Requirements" PAF-558).

NAME (Last, First, M.I.)

DATE OF CHANGE