

OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION

ORIGINAL

For Commission Use Only:  
Case: 16-0441

SEP 19 2016

FORMAL COMPLAINT

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

ILLINOIS COMMERCE COMMISSION  
CHIEF CLERK'S OFFICE

Regarding a complaint by (Person making the complaint): Tina L Carpenter

Against (Utility name): ComED

As to (Reason for complaint) On December 15, 2015 I caught

a squatter at address 9322 So. Perry Ave Chicago  
the pole and illegally tapping and tampering with  
lights. I reported this to my counselor at ICC the

squatter resides next door to me. I am a victim of  
Identity theft, mortgage fraud, and I am a low income consumer under medical  
in Chicago Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My complete mailing address is (include City) 9320 So. Perry Avenue Chgo, IL 60620

The service address that I am complaining about is 9322 So. Perry Ave Chgo, IL 60620

My home telephone is (877) 731-7282

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (877) 731-7282

My e-mail address is CarpenterTina@Yahoo.com I will accept documents by electronic means (e-mail)  Yes  No

(Full name of utility company) Com ED (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 Section 280-190(c), Section 280-200(c), 280-160(j)  
Section 280-160(j), Section 280-65(e), Section 280-  
11D(G), Section 280 Appendix B (v), Sect. 280-10(A),  
Section 280-10 Exemptions (a)

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) I Trina L Carpenter reported to PCL, Federal, + Police of a male Squatter who is Squatting roof over to me at address 9322 So Perry Illegally tapping on Jampans with Electric wires

(2) I am a victim of mortgage fraud + a victim of Identity theft

(3) I am under medical certification for my serious illness

Please clearly state what you want the Commission to do in this case: I would like the Commission to Implement Rules for any one who is affected by Fraud, Identity theft, under medical certification and sanction Squatter for Illegally tapping lights

**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: September 14, 2016 (Month, day, year) Complainant's Signature: Trina Carpenter

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, Trina Carpenter, 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.

Trina Carpenter  
Complainant's Signature

Subscribed and sworn/affirmed to before me on (month, day, year) September 14, 2016

Alfred DellaHousaye  
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  
Illinois Commerce Commission  
527 E Capital Avenue  
Springfield, Illinois 62701  
Complaint against Com Fee

Please APPLY Waivers, Exemptions, Policies,  
Medical Certification and Section 280. Appendix B  
Customer Rights (CR) for a Consumer  
who is affected by tampering, treatment of  
Illegal Taps, and Identity theft & purchase Fraud

Keep in mind: APPLY LAWS  
for Low Income Customers  
Section 280.45 (E).

I Thank L. Carpendo Accept the  
will of the Greatest, the Best, and Everlasting  
within my civil rights as a consumer  
Anna Supt.