Submitted by Lindy Levin at 10/15/12. Board Meeting Item 16

FILING AN INFORMAL COMPLAINT WITH THE PUBLIC UTILITIES COMMISSION (PUC)

<u>Website</u>

www.cpuc.ca.gov/

This website explains how to make an informal complaint on line or in writing.

- 1. Go to Consumer Information Center, choose the option which reads "I want to file a complaint."
- 2. Choose "Utility Complaint"

Options

- 3. Complete the complaint form on line. Scan in supporting documents or
- 4. Print the complaint form, copy documents and mail to the address shown on the form:

Consumer Affairs Branch
California Public Utilities Commission
505 Van Ness Avenue, Room 2250
San Francisco, CA 94102

Attention: Robert Navarro

or

- 5. Fax the complaint form and documents to Robert Navarro 415.703.1158
- 6. Phone for additional help: 415.703.2074

Supporting Documents

- 1. One or two months of bills prior to the "spiked bill".
- 2. The "spiked" bill.
- 3. The following month's bill showing normal usage.
- 4. Any report from a CalAm water audit.
- 5. Any report from a plumber or leak specialist showing no leaks.
- 6. Any offer of a "leak adjustment" from CalAm.
- 7. Any notice of a water shut off.

What Action Do You Want the PUC to Take

State that you are questioning the accuracy of a bill. Explain that you have received an abnormally high bill without evidence of a leak, meter malfunction or change of usage. CalAm has offered no explanation but holds you responsible for the unexplained water loss. State the terms of the "leak adjustment" that CalAm has offered to you, and make it clear that the amount far exceeds your usual bill. Since the problem appears to be on CalAm's side of the meter, ask that you pay an amount based on historical usage.

Informal Complaint Form

Do you wish to follow-up on a previously re	ported complaint? If yes, enter	
Previously Reported Complaint Number:		
Do you wish to file a <u>new complaint</u> ? If yes	s, please fill in the form below:	
Service Information		
First Name:	Last Name:	
If the complaint pertains to your business, en	iter the business name:	
Street:	Unit:	
City:	Email:	
State:	Daytime Phone:	
Zip:		
Contact Information If the contact information differs from the ad	ldress provided above, please fill in the information below	
First Name:	Last Name:	
Street:	Unit:	
City:	State:	
Zip:		
Company/Utility Information Tell us about the company/utility that your company/utility that yo	omplaint involves	
Utility Name:		
Account No.:		

What is the situation that concerns you?

What did the utility say when you contacted them?	5
What are in the control of the CDVC and the control of the control	
What action do you want the CPUC to take?	
Attach any documents which pertain to your case.	
Mail this form to	

Consumer Affairs Branch California Public Utilities Commission 505 Van Ness Avenue, Room 2250 San Francisco, CA 94102