

## INFORMAL DISPUTE RESOLUTION FORM

Date of receipt (mm/dd/yyyy): \_\_\_\_\_

Designated Officer:

\_\_\_\_\_

Date sent to Designated Officer (mm/dd/yyyy): \_\_\_\_\_

Five (5) day response date (mm/dd/yyyy): \_\_\_\_\_

Thirty (30) day response date (mm/dd/yyyy): \_\_\_\_\_

Complainant name:

\_\_\_\_\_

Complainant address:

\_\_\_\_\_

\_\_\_\_\_

Complainant email address: \_\_\_\_\_

Complainant telephone number: \_\_\_\_\_

Companies Involved in Complaint:

\_\_\_\_\_

\_\_\_\_\_

Employees Involved in Complaint:

\_\_\_\_\_

\_\_\_\_\_

Summary of Complaint (with Relevant Dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken by the Utility and Other Parties to Address Complaint

\_\_\_\_\_

\_\_\_\_\_

File: 5 day letter / 30 day letter / INFORMAL DISPUTE RESOLUTION FORM