



STATE OF TENNESSEE
Utility Management Review Board
James K. Polk State Office Building
505 Deaderick Street, Suite 1700
Nashville, Tennessee 37243-1402
Phone (615) 747-5260 Fax (615) 741-1551

INFORMAL HEARING FORM

Customer Complaint, Tenn. Code Ann. § 7-82-702(a)(8)¹

Contact Information:

Complainant Utility District

Name: _____

Utility District: _____

Telephone – Primary: _____

Telephone – Alternate: _____

Email: _____

Address: _____

Zip Code: _____

¹ Tenn. Code Ann. § 7-82-702(a)(8) provides: "Upon the failure of the board of commissioners of a utility district to adopt the rules and regulations required by § 7-82-402(b), regardless of exemptions or exclusions as may be enumerated in § 7-82-103, or any other section of this chapter or, upon the failure of a utility district to consider and resolve consumer complaints in accordance with such rules and regulations, establish an alternate mechanism for consideration and resolution of such complaints through an informal hearing process. In making its decision as to whether the complaint was resolved in accordance with the utility district's rules and regulations, the utility management review board shall also take into account the reasonableness of the utility district's application of its rules, policies, and cost of service as well as any evidence presented during the hearing. Any judicial review of any decision of the board will be held by common law certiorari within the county in which the hearing was held".

Jurisdiction:

Has the Utility District Board of Commissioners heard the complaint at a public meeting?

Yes No

Please provide the date of the complaint and attach a copy of it (i.e. minutes of the meeting and/or written description of your remarks) to this form.

Date: _____

Allegation of Facts:

Provide a detailed account of facts that led to this complaint. Please lay the case out chronologically and highlight the most important facts.

Causes of Action:

Did the utility district follow its policies or procedures?

Does the utility district lack policies and procedures that address this type of complaint?

Relief Sought:

Please provide detailed information related to the remedy(ies) that you are seeking.

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Signature: X _____ Date: _____

Please mail, e-mail, or fax copies of any documentation, such as bills, that the Board would need to review when hearing the case, to:

Utility Management Review Board
505 Deaderick Street, Suite 1700, James K. Polk Building
Nashville, TN 37243
Phone: (615) 747-5260
Fax: (615) 741-1551
utilities@cot.tn.gov

If you will be represented by an attorney, please provide his/her contact information below:

Name: _____
Telephone – Primary: _____
Telephone – Secondary: _____
Email: _____
Address: _____

Zip Code: _____

Under Tenn. Code Ann. § 7-82-702(a)(8), any judicial review of any decision of the Utility Management Review Board will be held by common law certiorari within the county in which the informal hearing was held.

PLEASE READ BEFORE SUBMITTING: Once you hit the "Submit Form" button, a dialog box will be prompted asking you to select your choice of an email client (ie. Microsoft Outlook, Yahoo, Gmail, etc.) Once you have made your selection, your email message will appear. Please attach any necessary documents to your email before sending. This form will automatically attach itself, but any additional documents will need to be manually attached.