

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

**BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI**

~~Donald Clark and Aquilla Canada~~ _____)
(Your name here))
Complainant,)
v.) File No. _____)
_____) (PSC fills this in)
Ameren Missouri)
(Utility's name here))
Respondent,)

FORMAL COMPLAINT

1. Complainant resides at:

_____)
(Address of complainant))
_____)
(City) (State) (Zip Code)

2. The utility service complained of was received at:

- a. Complainant's address listed in paragraph 1.
- b. A different address:

_____)
(Address where service is provided, if different from Complainant's address))
_____)
(City) (State) (Zip Code)

3. Respondent's address is:

Ameren Missouri

(Address of complainant)

(City)

(State)

(Zip Code)

4. Respondent is a public utility under the jurisdiction of the Missouri Public Service Commission.

5. The amount at issue is: \$

\$ [REDACTED]

(If your complaint is about money state how much is in dispute here.)

6. Complainant now requests the following relief:

I am seeking a fair and through investigation into my complaint. In regard to the billing and meter reading for service at the following address:

[REDACTED] Billing statement does not show justification of services provided by the utility company. Evidence provided to informal investigators from myself and a third party went unnoticed and skipped over. Several keys exhibits had to be referred to by myself that were informed t I us as missed by mistake or error. We request one due date and/or payment request per month. Reflecting Around the clock billing cycles. Please thoroughly review all evidence and enforce explanation and/or refund of over charged services and meter usage upon charges reflecting a full months summary. Furthermore, we are disabled and require electric services to maintain quality of life expectancy.

7. The relief requested is appropriate because Respondent has violated a

statute, tariff, or Commission regulation or order, as follows:

(Explain why the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission regulation or order.)

Chapter 536
536.010
Affected small minority business. Home based business. Loss of services will cause direct and significant economic burden
(G) Aspecification of the prices to be charged for goods or services sold by an agency as distinguished from a license fee it other fees.
As of November 1st through March 31st, without missing any payments since the onset of the account being established. Also months of providing more than one payment. It is a violation of the Missouri Commission Cold weather Rule to disconnect services for residents on a fixed and/or limited income resources. Directly effecting our right as residents of Missouri and U.S. citizens. Jeopardizing the right to quality of life.

As the complainant we have contacted the utility company Ameren on several occasions. Inquiring about the pricing charges accumulated on the bill. Upon these inquiries being we received several contradicting responses. None of which justify actually activity, usage, or current meter readings. Reflected on that particular billing cycle. Also we inquired as to why we were being charged at peak time rates rather than being given the option of choosing around the clock billing. We also have noticed our billing statement show extra monies submitted as part of our payment. Is shown as the Respondent rather than credit on our statement. Furthermore the utility company has been requesting two payments per month for the last several billing cycle. One at the beginning of the month and another in the middle of the month, with threat of disconnect inbetween. This is a form of harassment on Amerens behalf. As a monopoly company they've taken advantage of us. Due to there being no other option as a Missouri resident. Upon inquiry, we have received contradicting information. 3 different activity statements. For an account that has been closed since June 30th, 2023. Lastly, after providing third party verification. From United Healthcare, whom since January of 2023, has been paying our bill as part of my Medicare allowance. Information and evidence of payment. That Ameren has refused to accept. Please note that we are legally disabled. Mr. Clark requires a C-Pap machine. Also technology that assist me and my blindness. All the informal investigators did not do a thorough investigation. They've simply repeated the information provided by Ameren. In the form of a letter sent to me. Ameren has refused to except our evidence repeatedly.

09/13/2023

Date



Signature of Complainant

Dranel J. Clark and Aquilla Canada

Complainant's Phone Number

Complainant's Printed Full Name

Alternate Contact Number

Complainant's E-mail Address

Attach additional pages, as necessary. Attach copies of any supporting documentation. Do not send originals of any supporting documentation.