

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

William GREGORIC (Your name here))	
)	
Complainant,)	
)	
v.)	File No.
)	
)	(PSC fills this in)
)	
EVERGY (Utility's name here))	
)	
Respondent,)	

FORMAL COMPLAINT

1. Complainant resides at:

[Redacted Address]

(Address of complainant)

[Redacted City] (City) [Redacted State] (State) [Redacted Zip] (Zip Code)

2. The utility service complained of was received at:

a. Complainant's address listed in paragraph 1.

b. A different address(es)

[Redacted Address]

[Redacted Address]

3. Respondent's address is:

1200 MAIN ST.
(Address of complainant)

KANSAS City
(City)

Missouri
(State)

64105
(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:

(Explain what you want the Commission to do: the specific results you are seeking in this complaint.)

Investigate the transformer failure and seek to Determine the root cause of the failure
Reimbursement for damages incurred as a result of the transformer failure

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.)

393.130 RSMo Safe and adequate service
On September 15 th 2024, at approximately 9:00pm a transformer shorted and caught fire causing an outage.
As a result of the shorted transformer I incurred damage to 2 HVAC units, 3 Garage Door openers, an electric Range and a Refrigerator

The transformer is located just south of the intersection of [redacted] and [redacted] in [redacted]

8. The Complainant has taken the following steps to present this matter to the Respondent:

(Please describe in detail what steps you have already taken to resolve this complaint.)

CONTACTED EVERAY and submitted a claim.
Claim: [redacted]
The claim was denied

10/30/2024
Date

[redacted]
Complainant's Phone Number

[redacted]
Alternate Contact Number

[Signature]
Signature of Complainant

William Gregoric
Complainant's Printed Full Name

[redacted]
Complainant's Email Address

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