New Jersey Board of Public Utilities  
Division of Customer Assistance  
44 South Clinton Avenue  
P.O. Box 350  
Trenton, NJ 08625-0350  
(609) 341-9188  
(800) 624-0241  
E-Mail: Tps.ca-response@bpu.state.nj.us

**Third Party Energy Supplier (“TPS”) Complaint Form**

<table>
<thead>
<tr>
<th>Complaint Reported By:</th>
<th>Complaint Reported Against:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Name:</td>
<td>Business Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Gas ☐ Electric ☐</td>
</tr>
<tr>
<td>City:</td>
<td>Address:</td>
</tr>
<tr>
<td>State: Zip:</td>
<td>City:</td>
</tr>
<tr>
<td>Home Telephone Number:</td>
<td>State: Zip:</td>
</tr>
<tr>
<td>Work/Cell Telephone Number:</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>Utility Provider:</td>
<td>E-Mail Address:</td>
</tr>
<tr>
<td>Account No.:</td>
<td>Website:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaint Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DID YOU AUTHORIZE AND/OR APPROVE THE SWITCH FROM YOUR ORIGINAL GAS/ELECTRIC SUPPLIER TO THE</strong></td>
</tr>
<tr>
<td><strong>TPS YOU ARE COMPLAINING ABOUT?</strong></td>
</tr>
<tr>
<td>If no, which service was switched without your knowledge, authorization or approval?</td>
</tr>
<tr>
<td>Please explain (use additional pieces of paper, if needed):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW DID YOU FIND OUT ABOUT TPS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-mail ☐ web search ☐ direct mail ☐</td>
</tr>
<tr>
<td>door-to-door salesperson ☐ telephone solicitation ☐</td>
</tr>
<tr>
<td>while reviewing your utility bill ☐ other ________________________</td>
</tr>
</tbody>
</table>
WERE YOU PROMISED ANY SAVINGS?  

❑ $ _____ per / month / year  

❑ _____% per / month / year

WERE YOU PROMISED ANY INCENTIVES TO SIGN WITH THIS TPS? THESE COULD INCLUDE BUT NOT BE LIMITED TO GIFT CARDS, AIRLINES/ MILES, ETC.

❑ Yes  

❑ No

WERE THOSE INCENTIVES PROVIDED AS PROMISED?  

❑ Yes  

❑ No

PLEASE DESCRIBE THOSE INCENTIVES:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

DO YOU HAVE ANY PROMOTIONAL AND/OR ADVERTISING MATERIAL?  

❑ Yes  

❑ No

***If Yes, please provide a copy/copies of the materials along with this Complaint Form***

WHEN DID YOU SIGN UP FOR THE TPS SERVICES?  

______ / ______ / 20_____

HOW DID YOU SIGN UP?

❑ over the phone  

❑ through mail  

❑ website  

❑ face-to-face

❑ other __________________________________________________________

A. If you signed up over the phone:

• Were you provided with the name, company association and position of the salesperson?  

❑ Yes  

❑ No  

❑ Don’t remember

• Was your conversation recorded?  

❑ Yes  

❑ No  

❑ Don’t remember

• Was your order verified by a 3rd party?  

❑ Yes  

❑ No  

❑ Don’t remember

• Did you receive a copy of your contract or terms and conditions of your service?  

❑ Yes  

❑ No  

❑ Don’t remember

• Did you receive any other communication from TPS, either by direct or electronic mail?  

❑ Yes  

❑ No  

❑ Don’t remember
B. If you signed up through TPS web site:

- Were you offered Terms and Conditions of the service before you agreed to switch?
  - Yes
  - No
  - Don’t remember

- Did you receive a copy of your contract or terms and conditions of your service?
  - Yes
  - No
  - Don’t remember

- Did you receive any other communication from TPS, either by direct or electronic mail?
  - Yes
  - No
  - Don’t remember

C. If you signed up face-to-face:

- Were you provided with the name, company association and position of the salesperson?
  - Yes
  - No
  - Don’t remember

- Were Terms and Conditions explained to you before signing the contract?
  - Yes
  - No
  - Don’t remember

- Were you provided any written information that would explain services offered to you in more detail?
  - Yes
  - No
  - Don’t remember

- Did you sign a contract?
  - Yes
  - No
  - Don’t remember

- Did you retain a copy of the contract?
  - Yes
  - No

- Did you receive any forms or notices that would allow you to either cancel the contract or advise you of your rights as a consumer?
  - Yes
  - No
  - Don’t remember

- Did you receive any other communication from TPS, either by direct or electronic mail?
  - Yes
  - No
  - Don’t remember

D. Notification:

- Did you receive any communications from your utility company about the Switch/Change?
  - Yes
  - No
  - Don’t remember
Describe the facts of your complaint in the order in which they happened. Type or print clearly. Use additional sheets of paper, if necessary. Attach readable copies (no originals) of any complaint-related CONTRACTS, COMPLETE SET OF UTILITY BILLS (for all months with TPS and all pages), PROOFS OF PAYMENTS, ANY CORRESPONDENCE BETWEEN YOU AND TPS OR ANY OTHER DOCUMENTS you feel are related to your complaint.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

The amount of loss involved in this complaint: $________ Please provide a breakdown of these losses:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I certify that the foregoing statements made by me are true. I authorize the New Jersey Board of Public Utilities to send this complaint form to the company or to interested parties and to use the information in any way that is necessary.

__________________________________________  ______________________________
Signature*                                      Date

* This certification must be signed by the person completing the form.