



New Jersey Office of the Attorney General

Division of Consumer Affairs

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(800)-242-5846

E-Mail: AskConsumerAffairs@lps.state.nj.us

Third Party Energy Supplier ("TPS") Complaint Form

Complaint Reported By:

Complaint Reported Against:

Your Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Telephone Number: _____

Work/Cell Telephone Number: _____

Email Address: _____

Utility Provider: _____

Account No.: _____

Business Name: _____

Gas

Electric

Address: _____

City: _____

State: _____ Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Website: _____

Complaint Information

DID YOU AUTHORIZE AND/OR APPROVE THE SWITCH FROM YOUR ORIGINAL GAS/ELECTRIC SUPPLIER TO THE TPS YOU ARE COMPLAINING ABOUT? Yes No

If no, which service was switched without your knowledge, authorization or approval?

Gas

Electric

Please explain (use additional pieces of paper, if needed): _____

HOW DID YOU FIND OUT ABOUT TPS?

e-mail

web search

direct mail

door-to-door salesperson

telephone solicitation

while reviewing your utility bill

other _____

- 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 with 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

PLEASE PROCEED TO THE NEXT PAGE

