

Informal Complaint Preliminary Information
Natural Gas Purchasing, Selling, Shipping, Transportation, or Gathering Practices

Contact Name for **Complainant** _____

Company Name _____

Company Address _____

Company Phone/Fax/e-mail _____

Contact Name for **Respondent** _____

Company Name _____

Company Address _____

Company Phone/Fax/e-mail _____

Description of Complaint _____

How long has the problem described in the complaint existed? _____

Has complainant made contact with the party that is the subject of the complaint? _____

If answer is "No," why not? _____

If answer is "Yes," then what response did the complainant receive? _____

What is the current status of negotiations between the complainant and the party about which the complaint has been made? _____

Describe any other actions the parties have taken to resolve the problem. _____

What is the relief sought by the complainant? _____

**Mail or fax completed form to: Railroad Commission of Texas, P.O. Box 12967, Austin, TX 78711-2967,
ATTN: Market Oversight Section. Fax Number (512) 463-7962**