



ONE-CALL COMPLAINT
PUBLIC SERVICE COMMISSION
 SFN 59067 (08/2022)

INSTRUCTIONS: To allege a violation of the One-Call Excavation Notice System (N.D.C.C. Chapter 49-23), complete this form in its entirety.

SECTION I – COMPLAINANT (Individual/entity completing form)

| | | | |
|---|---------------|------------------------------|-----------------------------|
| Company/Entity Name (if applicable) | | | |
| Contact Person | Email Address | Telephone Number | |
| Mailing Address | City | State | Zip Code |
| Complainant is willing and able to testify on the complaint if matter proceeds to a formal hearing. | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SECTION II – RESPONDENT (Individual/entity who allegedly violated the One-Call law)

| | | | |
|-------------------------------------|---------------|------------------|----------|
| Company/Entity Name (if applicable) | | | |
| Contact Person | Email Address | Telephone Number | |
| Mailing Address | City | State | Zip Code |

SECTION III – ALLEGED VIOLATION

| | |
|---|---|
| OPERATOR – A person or entity who owns or operates an underground facility (i.e.: natural gas, electric, sewer, etc.). | |
| <input type="checkbox"/> Operator failed to mark or clear underground facility within locate period. | <input type="checkbox"/> Operator failed to mark underground facility within 24 inches horizontally. |
| EXCAVATOR – A person or entity who conducts excavation (i.e.: homeowner, property owner, company, etc.). | |
| <input type="checkbox"/> Excavation started prior to underground facility locate. | <input type="checkbox"/> Excavator failed to provide locate notice prior to beginning excavation. |
| <input type="checkbox"/> Excavator failed to conduct the excavation in a careful and prudent manner. | <input type="checkbox"/> Excavator failed to renew locate request prior to expiration of the 21-day period. |
| OTHER – May be issue/concern with One-Call Center or other alleged violation that is not listed under operator or excavator. | |
| <input type="checkbox"/> Write Issue/Concern: _____ | |

SECTION IV – DESCRIPTION/DAMAGE

| | | |
|--|--|------------------------------|
| Date and Time of Event | Location (Address, City, State / Nearest Intersecting Streets / Lat & Long) | One-Call Ticket Number |
| Underground Facility Affected <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Cable <input type="checkbox"/> Communications <input type="checkbox"/> Water <input type="checkbox"/> Sewer/Storm Water <input type="checkbox"/> Petroleum <input type="checkbox"/> Other _____ | | |
| Material & Size of Underground Facility (Poly, Steel, Coated Pipe / Fiberoptic / 2 KW / 1.5 in, 2 in / etc.) | | Operator(s) Affected |
| Estimated Value of Damage | Injuries (List Number, If Any) ___ Fatalities ___ Injuries ___ Hospitalizations | Number of Customers Affected |
| Description of the alleged violation/concern. If more space is required, attach additional page(s). | | |

SECTION V – SIGNATURE OF COMPLAINANT

| | | |
|---------------|--------------|------|
| Signature | Printed Name | Date |
|---------------|--------------|------|