



**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**

<b>OPERATOR – A person or entity who owns or operates an underground facility (i.e.: natural gas, electric, sewer, etc.).</b>	
<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.
<b>EXCAVATOR – A person or entity who conducts excavation (i.e.: homeowner, property owner, company, etc.).</b>	
<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.
<b>OTHER – May be issue/concern with One-Call Center or other alleged violation that is not listed under operator or excavator.</b>	
<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
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Please email the completed form to [ndpsc@nd.gov](mailto:ndpsc@nd.gov), fax to 701-328-2410, or mail to: Public Service Commission  
 600 E. Boulevard Ave. Dept 408  
 Bismarck, ND 58505-0480