



Household Goods\Commercial Complaint Form

Instructions: Fill out all of the information in the following form to file a consumer complaint. Required information is indicated by an asterisk (*) next to the input box. When finished click the Validate button at the bottom of the form, if any problems are detected with the inputted information a list of error will be displayed to you.

Complainant Information

Report Date:

Name:(*)

Address:(*)

City(*) State/province

ZIP(*)

Fax No: Email

USDOT #: MC#:

Complainant Type:

Shipper

Carrier

Freight Forwarder

Broker

Other

Respondent Information

You can use Safersys.org to retrieve Respondent Information.

Name:

Address*:

City*:

Zip*:

Telephone*:

State* :

Fax No:

Respondent Type:

Motor Carrier - Property

Motor Carrier-Household Goods

Freight Forwarder

Freight Forwarder Household

Goods Broker Property

Broker Household Goods

Shipper/Receiver (Lumping)

Owner/Operator

Motor Carrier - Passenger

Mexican Motor Carrier

Lumper - Unloading

Email:

USDOT #: MC#:

Secondary Respondent Information

Secondary Respondent Name
USDOT#: MC#:

Complaint Reasons

- | | | |
|------------------------|--------------------------|--------------------------|
| Household Goods | Loss / Damage | Personal Automobiles |
| Estimate/Final Charges | Claim Settlement | Lumper Loading/Unloading |
| Pick-up/Delivery | Property Brokers | Weight |
| Hostage | Unauthorized Operations | Other |
| | Owner-Operations Leasing | |

Pickup Location(*):

Delivery Location(*)

Pickup Date:

Delivery Date Or Expected Delivery Date:

Shipping/Invoice/Billing #:

Description Of the Complaint: (*)

