



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*:

State* :

Telephone*:

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: (*)

