



## 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](http://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: (\*)

