

## Federal Maritime Commission Dispute Services Request - Cruise

### Person Requesting Assistance

**Name:**

**Current address:**

**City:**

**State/province:**

**ZIP/Postal Code:**

**Country:**

**Preferred phone number (9AM-5PM EST):**

**E-Mail:**

**Attorney's name (if any):**

**Attorney's phone number:**

**Attorney's email:**

### Dispute is with

**Name:**

**Address:**

**City:**

**State/Province:**

**ZIP/Postal Code:**

**Country:**

**Phone:**

**E-Mail:**

**Fax:**

**Travel Agent Name:**

**Travel Agent Phone Number:**

**Travel Agent Mailing Address:**

### Nature of Dispute

**Does your dispute involve (check one):**

Airline  Billing/gratuities  Change of itinerary  Cleanliness of ship  Deceptive trade practices  Documentation  
 Illness/injury  Luggage  Missed cruise  Food  Medical staff  Safety  Shore excursion  Weather  
 Passenger cancellation  Cruise cancellation

**Did the cruise begin or end at a U.S. port? Y/N**

**How did you hear about the FMC/CADRS?**

**\*\*Desired resolution:**

**\*\*You are requesting FMC/CADRS assistance in resolving your dispute. The FMC does not have regulatory authority to require cruise lines to take any particular action. Please see [www.fmc.gov](http://www.fmc.gov) for more information.**

**Please explain the dispute as fully as possible: (have you filed a complaint with the Cruise Line? Have you contacted anyone else for assistance? Did you purchase any travel insurance? How did you book your cruise (online, travel agent, other))?**

**Affirmation: I understand that the information that I have provided is for the purpose of convening the use of confidential ombuds or mediation services to resolve a cruise related dispute. As such, I authorize CADRS to contact the named party(ies) to engage in efforts to seek resolution to this matter. Also, in the event that this matter falls outside of FMC jurisdiction, I authorize CADRS to refer my request for assistance to the appropriate governmental agency possessing jurisdiction over my complaint. Unless otherwise marked confidential in this intake form or attached documents, I authorize CADRS to disclose information provided in the intake form to the other named party(ies) for the purpose of exploring resolution to this dispute. I understand and agree that CADRS staff will act as a neutral third party in my ombuds or mediation matter and as such CADRS's staff cannot provide me with legal representation or advice. I also understand and agree that ombuds services and mediation are voluntary and that any party and/or CADRS staff may decline or terminate ombuds or mediation services at any time. I affirm that the information provided in this intake form, to the best of my knowledge, is true and accurate.**

<b>Signature:</b>	<b>Date:</b>
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