

NCCDB Complaint Entry Home Page

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**FMCSA**
Federal Motor Carrier Safety Administration

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NCCDB National Consumer Complaint Database



Welcome to the National Consumer Complaint Database, where you can file a complaint against a moving, bus, truck company, or cargo tank facility.

IMPORTANT: If this is a safety emergency, please call 911 immediately.

FMCSA is committed to ensuring safety on our Nation's roads. File a complaint here if you have experienced safety, service, or discrimination issues with a moving, bus, truck company, or cargo tank facility.

[» Learn about the complaint process.](#)

[» Am I in the right place?](#)

CONSUMER

- People using interstate movers, brokers or auto haulers
- Passengers on a bus, limousine or motor coach
- Motorists witnessing safety problems
- People experiencing problems with hazardous materials shipments

[File a Complaint >](#)



DRIVER

- Bus and truck drivers
- Other employees of bus and truck companies (i.e., safety managers)

[File a Complaint >](#)



INDUSTRY

- Bus and truck companies
- Shippers
- Insurers
- Brokers
- Owner/Operators
- Purchasers and users of cargo tanks

[File a Complaint >](#)



**OTHER RESOURCES:**

- [FMCSA Resources for Consumers](#)
- [Protect Your Move](#)
- [Look Before You Book](#)

You can also call 1-888-DOT-SAFT (1-888-368-7238) from 8:00 a.m.-8:00 p.m. Eastern Time Monday-Friday to file a complaint

Consumer Moving Complaint Type

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COMPLAINT TYPE | INCIDENT INFORMATION | CONTACT INFORMATION | COMPANY INFORMATION | FILE UPLOAD | REVIEW AND SUBMIT

CONSUMER


Moving Complaint



Is your complaint about a moving company or broker that you hired for a personal household move across state lines? This may also involve the transportation of a personal automobile.

- Moving Company (Household Goods)**
- Broker (Arranges Transportation)**
- Auto Hauler**
- Deceptive Business Practice**
- Operating Authority and Insurance**


Truck Complaint



Is your complaint about some other violation of Federal Motor Carrier Safety Regulations, such as a truck being operated in an unsafe manner, or without the proper authority?

- Truck Safety**
- Cargo Tank Facility**
- Hazardous Materials**
- Operating Authority and Insurance**


Bus Complaint



Is your complaint about a bus trip? For example, did you experience inadequate service, unsafe conditions, or a violation of the Americans with Disabilities Act during the ticketing process or trip itself?

- Americans with Disabilities Act (ADA)**
- Bus Safety**
- Bus Service**
- Operating Authority and Insurance**

IMPORTANT
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 **U.S. DEPARTMENT OF TRANSPORTATION**
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
855-368-4200

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Consumer Moving Complaint Incident Information

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COMPLAINT TYPE | **INCIDENT INFORMATION** | CONTACT INFORMATION | COMPANY INFORMATION | FILE UPLOAD | REVIEW AND SUBMIT

Incident Information

Job Number

*Pickup Date

Origin Address

*Origin City *

*Origin Zip

Delivery Date

Destination Address

*Destination City *

*Destination Zip

If your complaint does not involve a specific move or route, check here to bypass the above section. E.g. This would apply if you are reporting a company who does not have authority to operate from FMCSA.

*Incident Description (Maximum 4000 Characters)

Complaint Detail

[Expand All](#)

Moving Company (Household Goods)

- + Shipment Documents
- + Estimates/Final Charges
- + Weighing
- + Hostage
- + Pickup and Delivery
- + Loss and Damage
- + Claim Settlement
- + Other Commercial Complaints

Broker (Arranges Transportation)

- + Shipment Documents
- + Estimates/Final Charges
- + Weighing
- + Hostage
- + Pickup and Delivery
- + Loss and Damage
- + Claim Settlement

Auto Hauler

- + Pickup and Delivery
- + Loss and Damage
- + Claim Settlement

Deceptive Business Practice

- + Consumer Complaint

Operating Authority and Insurance

- + Operating Authority
- + Insurance

IMPORTANT

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Consumer Moving Complaint Incident Information Continued

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COMPLAINT TYPE | INCIDENT INFORMATION | CONTACT INFORMATION | COMPANY INFORMATION | FILE UPLOAD | REVIEW AND SUBMIT

Incident Information

Job Number Bill of Lading No. (Job #)

*Pickup Date Delivery Date

Origin Address Destination Address

*Origin City *Destination City

*Origin Zip United States *Destination Zip United States

If your complaint does not involve a specific move or route, check here to bypass the above section. E.g. This would apply if you are reporting a company who does not have authority to operate from FMCSA.

*Incident Description (Maximum 4000 Characters)

Complaint Detail

[Collapse All](#)

Moving Company (Household Goods)

- Shipment Documents
 - Moving company did not provide me with a copy of the "Your Rights And Responsibilities When You Move" pamphlet
 - Moving company did not provide a written description of their complaint or inquiry process.
 - Moving company did not prepare or provide an [order for service](#).
 - Moving company did not inform me of the availability of a neutral arbitration process.
 - Moving company did not prepare or provide an itemized inventory of every box and unboxed item included in the shipment.
 - Moving company did not prepare or provide a bill of lading.
- Estimates/Final Charges
 - Moving company did not provide a concise, easy-to-read written ([binding](#) or [non-binding](#)) estimate of the charges.
 - Moving company did not honor the form of payment specified in the estimate. (Example: the company agreed to payment by personal check in the estimate, but upon delivery they insisted on cash).
 - Moving Company did not honor a binding estimate.
 - Moving company requested more than 110% of a [non-binding](#) estimate at the time of delivery of the shipment.
 - Estimated freight charges: \$
 - Total deposit paid prior to pickup: \$
 - Total freight charges requested at delivery: \$
- Weighing
 - Moving company did not provide an opportunity for me to observe the weighing
 - I asked the mover to re-weigh the shipment and they refused.
 - Moving company would not adjust charges based on re-weighing of the shipment.
- Hostage
 - Moving company did not deliver my goods or will not provide their location
 - Number of days the shipment was held beyond delivery (enter Number or 'Unknown'):
 - Amount requested from carrier in order to deliver shipment (enter Amount or 'Unknown'): \$
 - Value of the shipment** (enter Value or 'Unknown'): \$
- Pickup and Delivery
 - Moving company did not notify me of a delay in picking up my goods.
 - Scheduled pickup date:
 - Actual pickup date:
 - I was not notified of a delay in the delivery of my goods
 - Scheduled delivery date:
 - Actual delivery date:

Consumer Moving Complaint Incident Information

Continued

- Loss and Damage
 - There were significant loss and/or damage to the contents of the shipment.
Estimated amount of loss and damage: \$
- Claim Settlement
 - Moving Company did not offer me a claim settlement.
 - Moving Company is not responding to a filed complaint or an inquiry.
 - Moving Company refuses to participate in the arbitration process.
- Other Commercial Complaints
 - The complaint involved improper insurance coverage for transportation of personal automobile, motorcycle, or machinery with combustible engines
 - The company attempted to coerce or did coerce me into loading/unloading the shipment

Broker (Arranges Transportation)

- Shipment Documents
 - Moving company did not provide me with a copy of the "Your Rights And Responsibilities When You Move" pamphlet
 - Moving company did not provide a written description of their complaint or inquiry process.
 - Moving company did not prepare or provide an [order for service](#).
 - Moving company did not inform me of the availability of a neutral arbitration process.
 - Moving company did not prepare or provide an itemized inventory of every box and unboxed item included in the shipment.
 - Moving company did not prepare or provide a bill of lading.
- Estimates/Final Charges
 - Moving company did not provide a concise, easy-to-read written ([binding](#) or [non-binding](#)) estimate of the charges.
 - Moving company did not honor the form of payment specified in the estimate. (Example: the company agreed to payment by personal check in the estimate, but upon delivery they insisted on cash).
 - Moving Company did not honor a binding estimate.
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Estimated freight charges: \$
Total deposit paid prior to pickup: \$
Total freight charges requested at delivery: \$
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 - Moving company did not provide an opportunity for me to observe the weighing
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- Hostage
 - Moving company did not deliver my goods or will not provide their location
Number of days the shipment was held beyond delivery (enter Number or 'Unknown'):
Amount requested from carrier in order to deliver shipment (enter Amount or 'Unknown'): \$
Value of the shipment (enter Value or 'Unknown'): \$
- Pickup and Delivery
 - Moving company did not notify me of a delay in picking up my goods.
Scheduled pickup date:
Actual pickup date:
 - I was not notified of a delay in the delivery of my goods
Scheduled delivery date:
Actual delivery date:
- Loss and Damage
 - There were significant loss and/or damage to the contents of the shipment.
Estimated amount of loss and damage: \$
- Claim Settlement
 - Moving Company did not offer me a claim settlement.
 - Moving Company is not responding to a filed complaint or an inquiry.
 - Moving Company refuses to participate in the arbitration process.

Auto Hauler

- Pickup and Delivery
 - Auto Hauler did not notify me of a delay in picking up my goods.
Scheduled pickup date:
Actual pickup date:
 - I was not notified of a delay in the delivery of my goods
Scheduled delivery date:
Actual delivery date:
- Loss and Damage
 - There were significant loss and/or damage to the contents of the shipment.
Estimated amount of loss and damage: \$

Consumer Moving Complaint Incident Information

Continued

- Claim Settlement

- Moving Company did not offer me a claim settlement.
- Moving Company is not responding to a filed complaint or an inquiry.
- Moving Company refuses to participate in the arbitration process.

Auto Hauler

- Pickup and Delivery

- Auto Hauler did not notify me of a delay in picking up my goods.
Scheduled pickup date:
Actual pickup date:
- I was not notified of a delay in the delivery of my goods
Scheduled delivery date:
Actual delivery date:

- Loss and Damage

- There were significant loss and/or damage to the contents of the shipment.
Estimated amount of loss and damage: \$

- Claim Settlement

- Auto Hauler did not offer me a claim settlement.
- Auto Hauler is not responding to a filed complaint or an inquiry.
- Auto Hauler refuses to participate in the arbitration process.

Deceptive Business Practice

- Consumer Complaint

- False Advertising by a Mover (motor carrier)
- Household Goods Broker misrepresenting itself as a Mover. Website didn't indicate Broker status nor did Broker mention it when arranging the move
- Auto Hauler Broker misrepresenting itself as a Mover. Website didn't indicate Broker status nor did Broker mention it when arranging the transport
- Mover, in addition to valuation, sold or procured an insurance policy that was not genuine
- Mover demanded payment for services not provided
- Auto Hauler demanded payment for services not provided

Operating Authority and Insurance

- Operating Authority

- Carrier is operating without required interstate operating authority or registration.

- Insurance

- Carrier is operating without required insurance / financial responsibility.

IMPORTANT

If this is an emergency, please call 911 immediately. The NCCDB complaint system is intended only for investigation of past events.


CANCEL

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National Consumer
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Contact Information

I am filing this complaint on behalf of someone else

Complainant Information

Copy Pickup Address Copy Delivery Address

*First Name <input type="text"/>	*Last Name <input type="text"/>
Email <input type="text"/>	*Phone <input type="text"/>
Address 1 <input type="text"/>	Address 2 <input type="text" value="Enter Suite #, Dept/Mail Stop #"/>
City <input type="text"/>	State <input type="text"/>
Zip <input type="text"/>	Country <input type="text"/>

If you represent a company, please enter your company information below

Company Type <input type="text"/>	Company Name <input type="text"/>
US DOT # <input type="text"/>	Docket # <input type="text"/>

Privacy Option

Do you authorize FMCSA to disclose the contents of your complaint to the moving company in a notification letter? This notification letter will provide the company with the following information:

- Your Name
- Shipment Bill of Landing Number (Move Identification Number)
- Origin City and State of the Move
- Destination City and State of the Move
- Type of Complaint Cited in the Complaint Detail Tab

If you chose "No", then FMCSA will not notify the company of this complaint and the complaint will not be included in the reports made available to the public for each company on the [Protect Your Move](#) website.


Yes No

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Company Information

Complaint on Carrier(s)

	Company Name	U.S. DOT#	MC#	Address	City	State	Zip	Manual Entry
Delete	Test Moving Company							Y

Enter Company Information

* Name
Address
City State
Zip Country
Email Phone

IMPORTANT
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File Upload

If desired, please upload any supporting documents (DOC, DOCX, WPD, GIF, JPEG, JPG, PNG, PDF, TIF, TIFF, TXT, MPG, MOV, WMV, XLS, XLSX with size limit 10MB)

No file chosen *Description

Supporting Documents

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Consumer Moving Complaints Review and Submit

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COMPLAINT TYPE |
 INCIDENT INFORMATION |
 CONTACT INFORMATION |
 COMPANY INFORMATION |
 FILE UPLOAD |
 REVIEW AND SUBMIT

Review and Submit

Complaint ID: [Print](#)

Incident Information

Address Type	Address	City	State	Zip	Country
Origin	55 Broadway	Cambridge	MA	02142	US
Destination	1250 Hancock Street	Washington	DC	90210	US

Bill of Lading Number (Job #): 123456 **Pickup Date:** 6/3/2016 **Delivery Date:** 6/9/2016

Incident Description
This is a test complaint

Complaint Detail

Type	Category	Allegation
Moving Company (Household Goods)	Shipment Documents	Moving company did not provide a written description of their complaint or inquiry process.
Deceptive Business Practice	Consumer Complaint	Auto Hauler Broker misrepresenting itself as a Mover. Website didn't indicate Broker status nor did Broker mention it when arranging the transport

Contact Information

Name	Email	Phone	Address	
Test Record		617-494-2236	55 Broadway, Cambridge, MA, 02142, US	Complainant

Your company information
 Company Type: Company Name:
 US DOT #: Docket #:

Privacy Option
 Do you authorize FMCSA to disclose the contents of your complaint to the moving company in a notification letter? Yes

Company Information

Company Name	U.S. DOT#	MC#	Address	City	State	Zip	Manual Entry
Test Moving Company			55 Broadway	Cambridge	MA	02142	Y

Supporting Documents

None

Certification Statement

* By checking this box, I certify/understand that the statements and information I am submitting in support of this complaint (allegation) are, to the best of my knowledge, true, accurate and complete.

IMPORTANT
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Consumer Truck Complaint Type

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CONSUMER


Moving Complaint



Is your complaint about a moving company or broker that you hired for a personal household move across state lines? This may also involve the transportation of a personal automobile.

- Moving Company (Household Goods)
- Broker (Arranges Transportation)
- Auto Hauler
- Deceptive Business Practice
- Operating Authority and Insurance


Truck Complaint



Is your complaint about some other violation of Federal Motor Carrier Safety Regulations, such as a truck being operated in an unsafe manner, or without the proper authority?

- Truck Safety**
- Cargo Tank Facility**
- Hazardous Materials**
- Operating Authority and Insurance**

Bus Complaint



Is your complaint about a bus trip? For example, did you experience inadequate service, unsafe conditions, or a violation of the Americans with Disabilities Act during the ticketing process or trip itself?

- Americans with Disabilities Act (ADA)
- Bus Safety
- Bus Service
- Operating Authority and Insurance

IMPORTANT

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Incident Information

Incident Date

Incident Location

*Incident Description (Maximum 4000 Characters)

Complaint Detail

[Expand All](#)


- Truck Safety**
 - + Truck and Driver Related Safety Concerns
- Cargo Tank Facility**
 - + Cargo Tank Facility
- Hazardous Materials**
 - + Markings and documentation
 - + Cargo Loading and securement
 - + Other
- Operating Authority and Insurance**
 - + Operating Authority
 - + Insurance

IMPORTANT

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Consumer Truck Complaint Incident Information Continued

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Incident Information

Incident Date

Incident Location

*Incident Description (Maximum 4000 Characters)

Complaint Detail

[Collapse All](#)

Truck Safety

- Truck and Driver Related Safety Concerns
 - I witnessed a commercial driver who appeared to be under influence of alcohol or controlled substances
 - I witnessed a commercial driver who appears to be noticeably ill or fatigued
 - I witnessed a commercial truck following too close
 - I witnessed a commercial truck changing lanes improperly
 - I witnessed a commercial truck driving recklessly
 - I witnessed a commercial truck speeding
 - I witnessed a commercial truck failing to obey traffic control device
 - I witnessed a commercial truck passing improperly
 - I witnessed a commercial truck turning improperly
 - I witnessed a commercial truck failing to yield right of way
 - I witnessed a commercial driver using a hand held device (i.e., mobile phone or tablet)
 - I witnessed a commercial truck with unsafe or dangerous equipment
 - I witnessed Hazardous Material leaking from the vehicle
 - General truck driver safety concern:

Cargo Tank Facility

- Cargo Tank Facility
 - Cargo tank facility has an expired registration.
 - Leaking cargo tank.
 - Incomplete data in cargo tanks records.

Hazardous Materials

- Markings and documentation
 - Shipper failed to provide proper shipping papers.
 - Carrier/Shipper improperly marked and or labeled hazardous materials.
- Cargo Loading and securement
 - Carrier/ Shipper improperly secured hazardous materials load.
 - Carrier/ Shipper improperly segregated hazardous materials.
 - Carrier/ Shipper is improperly loading and /or unloading hazardous materials.
- Other
 - I witnessed Hazardous Material leaking from the vehicle

Operating Authority and Insurance

- Operating Authority
 - Carrier is operating without required interstate operating authority or registration.
- Insurance
 - Carrier is operating without required insurance / financial responsibility.

IMPORTANT

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CANCEL

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Contact Information

I am filing this complaint on behalf of someone else

Complainant Information

*First Name	<input type="text"/>	*Last Name	<input type="text"/>
Email	<input type="text"/>	*Phone	<input type="text"/>
Address 1	<input type="text"/>	Address 2	<input type="text" value="Enter Suite #, Dept/Mail Stop #"/>
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	Country	<input type="text"/>

I am an employee of the reported company

Privacy Option
Share the following portions of my complaint with the reported company:

Allegations only; or
 Allegations and my name, address, phone number, etc.

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Company Information

Complaint on Carrier(s)

	Company Name	U.S. DOT#	MC#	Address	City	State	Zip	Manual Entry
Delete	Test Trucking Company							Y


Enter Company Information

* Name
Address
City State
Zip Country
Email Phone

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Supporting Documents

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Consumer Truck Complaint Review and Submit

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COMPLAINT TYPE | INCIDENT INFORMATION | CONTACT INFORMATION | COMPANY INFORMATION | FILE UPLOAD | **REVIEW AND SUBMIT**

Review and Submit Complaint ID: [Print](#)

Incident Information
Incident Date: 5/30/2016
Incident Location: Boston, MA

Incident Description
A Test Complaint

Complaint Detail

Type	Category	Allegation
Truck Safety	Truck and Driver Related Safety Concerns	I witnessed a commercial truck driving recklessly

Contact Information

Name	Email	Phone	Address	
Test Record		6174942236		Complainant

I am an employee of the reported company: No

Privacy Option
Share the following portions of my complaint with the reported company:
Allegations only: Yes
Allegations and my name, address, phone number, etc.: No

Company Information

Company Name	U.S. DOT#	MC#	Address	City	State	Zip	Manual Entry
Test Trucking Company							Y

Supporting Documents
None

Certification Statement
 * By checking this box, I certify/understand that the statements and information I am submitting in support of this complaint (allegation) are, to the best of my knowledge, true, accurate and complete.

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Consumer Bus Complaint Type

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Bus Complaint



Is your complaint about a bus trip? For example, did you experience inadequate service, unsafe conditions, or a violation of the Americans with Disabilities Act during the ticketing process or trip itself?

- Americans with Disabilities Act (ADA)**
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Consumer Bus Complaint Incident Information

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COMPLAINT TYPE | **INCIDENT INFORMATION** | CONTACT INFORMATION | COMPANY INFORMATION | FILE UPLOAD | REVIEW AND SUBMIT

Incident Information

* Incident Date Route/Job/Invoice #
Origin City Destination City
* Origin State * Destination State

If your complaint does not involve a specific move or route, check here to bypass the above section. E.g. This would apply if you are reporting a company who does not have authority to operate from FMCSA.

* Incident Description (Maximum 4000 Characters)

* Additional Information (please answer the following questions)

Was at least 48 hours advanced notice provided to the carrier about the need for accessible transportation? Yes No N/A

Did the bus have an elevated passenger deck above a baggage compartment? Yes No

Please indicate the type of mobility device being used: Wheelchair Other type of mobility device N/A

Complaint Detail

[Expand All](#)

Americans with Disabilities Act (ADA)

- + Complaint Against Carrier
- + Complaint About Driver / Employee
- + Complaint About Vehicle
- + Complaint Involving Service Animal

Bus Safety

- + Unsafe Vehicle Operations
- + Driver Related Safety Concerns

Bus Service

- + Discrimination
- + Ticket / Route
- + Terminal
- + Vehicle
- + Baggage Handling
- + Lost Baggage

Operating Authority and Insurance

- + Operating Authority
- + Insurance

IMPORTANT

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COMPLAINT TYPE | **INCIDENT INFORMATION** | CONTACT INFORMATION | COMPANY INFORMATION | FILE UPLOAD | REVIEW AND SUBMIT

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*Incident Date Route/Job/Invoice #
 Origin City Destination City
 *Origin State *Destination State

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*Incident Description (Maximum 4000 Characters)

*Additional Information (please answer the following questions)

Was at least 48 hours advanced notice provided to the carrier about the need for accessible transportation? Yes No N/A

Did the bus have an elevated passenger deck above a baggage compartment? Yes No

Please indicate the type of mobility device being used: Wheelchair Other type of mobility device N/A

Complaint Detail

[Collapse All](#)

Americans with Disabilities Act (ADA)

- Complaint Against Carrier
 - Denial of OTRB transportation due to a disability, no reasonable effort to provide accessible OTRB transportation or equivalent service.
 - Non-employees were required to provide assistance to an individual with a disability.
 - Individual with a disability was required to reschedule the trip at a different time than requested.
 - Failure to provide equivalent reservation services to an individual with a disability.
 - Failure to provide the required accessible service during any portion of a trip when more than one OTRB company provided transportation during the trip and the entire trip was included in a single ticket purchase.
- Complaint About Driver / Employee
 - Driver or employee denied accessible transportation to individual with a disability.
 - Driver or employee failed to provide boarding or other necessary assistance to individual with a disability.
 - Driver or employee was unable to operate lift and mobility device securement equipment, or mishandled or improperly stored mobility device.
 - Driver or employee failed to provide reasonable accommodation and assistance to an individual with a disability during a rest stop or an intermediate stop.
- Complaint About Vehicle
 - Lift or mobility device securement equipment was broken, malfunctioning, or could not accommodate the mobility device.
- Complaint Involving Service Animal
 - Denial of transportation due to use of service animal.
 - Other service animal complaint

Bus Safety

- Unsafe Vehicle Operations
 - Vehicle engaged in ongoing operation while permitting passenger(s) forward of standee(s) line.
 - Vehicle engaged in ongoing operation with one or more aisle seat(s) not securely fastened or obstructing aisle when seat is unoccupied.
 - Vehicle engaged in ongoing operation while baggage or freight is unsecured to prevent driver's unrestricted operation or passenger/occupant access to emergency exit(s), or passenger protection from falling/displaced articles.
 - Vehicle being towed/pushed while passenger(s) on board.

Consumer Bus Complaint Incident Information

Continued

- Vehicle engaged in ongoing operation with one or more occupant(s) within closed body of bus and no exit/operation of exit.
- Vehicle engaged in ongoing operation with unmarked/malfunctioning emergency exit(s).
- Vehicle engaged in ongoing operation with exhaust fumes entering passenger compartment.
- Vehicle engaged in ongoing operation with unsafe or dangerous equipment
- General vehicle safety concern:

- Driver Related Safety Concerns

- I witnessed a commercial driver who appeared to be under influence of alcohol or controlled substances
- I witnessed a commercial driver who appears to be noticeably ill or fatigued
- I witnessed a commercial bus following too close
- I witnessed a commercial bus changing lanes improperly
- I witnessed a commercial bus driving recklessly
- I witnessed a commercial bus speeding
- I witnessed a commercial bus failing to obey traffic control device
- I witnessed a commercial bus passing improperly
- I witnessed a commercial bus turning improperly
- I witnessed a commercial bus failing to yield right of way
- I witnessed a commercial driver using a hand held device (i.e. mobile phone or tablet)
- I witnessed a driver who operated a bus beyond the allowable hours of service
- I witnessed a driver's inability to communicate proficiently in English reasonably demonstrates difficulty interpreting road signs
- General driver safety concern:

Bus Service

- Discrimination

- Denial of seating based upon race, color, creed, or national origin.
- Ticket does not contain printed notice that seating is without regard to race, color, creed, or national origin.
- Facility is, operated, arranged or maintained in a way that denies or separates services based upon race, color, creed, or national origin.
- Terminal facility does not post a Public Notice of the full text of non-discriminatory regulations.

- Ticket / Route

- During normal business hours at terminal or station, carrier did not provide information as to schedules, tickets, fares, baggage, and other carrier services.
- Carrier's ticket facility did not provide automated, over-the-phone information of current bus schedules and fares.
- Carrier does not provide refund of unused ticket(s) where they were sold, within 30 days.
- Scheduled bus (other than commuter service) departed from terminal/station prior to public announcement.
- Carrier changed existing regular-route schedule without prominent and sufficient advanced notice.
- Carrier (except in commuter service) does not provide sufficient bus service to meet increased passenger loads on weekends, or during seasonal or holiday demand.

- Terminal

- Terminal / Station was not adequately / regularly patrolled.
- Closed Terminal / Station had no public telephone, outside lighting, posted schedule information, overhead shelter, information on local accommodations or telephone numbers for local taxi service and police.

- Vehicle

- Bus temperature unreasonable, bus and/or bus restroom unclean.
- Bus and/or driver not visibly identifiable by name or number.
- Carrier did not ensure that one or more passengers, the driver or other employee was prohibited from smoking while on a vehicle transporting passengers during scheduled or special service in interstate commerce.

- Baggage Handling

- Carrier offered no provision for passenger to pay additional charge to declare checked baggage value in excess of the limited amount.
- Carrier does not provide clear/adequate notice of opportunity to declare excess value beyond free baggage allowance limitation.
- Carrier does not provide opportunity to declare excess value at baggage checking counter or at side of bus, up to 15 minutes prior to scheduled boarding time.
- Carrier did not issue baggage receipt for checked baggage.
- Carrier did not transport bags on same schedule, although bags were checked at least 30 minutes before departure.

Consumer Bus Complaint Incident Information Continued

- Carrier did not make checked baggage available within 30 minutes after arrival and refused delivery of such baggage to a local address at carrier's expense.
- Carrier did not provide secured, attended area for checked baggage.
- Carrier did not post articles exempted by Secretary of Transportation, near baggage check-in area.
- Carrier refused all liability for checked baggage containing only non-exempt items.
- Carrier refused to designate checked baggage, which could not be located after one hour of arrival at destination, and refused to furnish passenger with appropriate tracing form.
- Carrier made no form available to trace lost/misplaced checked baggage at ticket or baggage check window.
- Carrier offered no duplicate of lost/misplaced luggage tracing form.
- Lost Baggage
 - Carrier published tariff provisions limiting their liability for loss or damage to checked baggage at less than \$250.00.
 - Carrier published a maximum liability value of less than \$1,000.
 - Carrier refused to process baggage which was lost for 15 days, as a claim.
 - Tracing form was provided to carrier 60 days earlier, but carrier refused to resolve by way of either a firm offer of settlement, or a written explanation of denial of claim.
 - Carrier refused to accept passenger's tracing form regarding lost/misplaced unchecked baggage.
 - Carrier refused to forward unchecked baggage to terminal/station nearest address on tracing form.
 - Carrier refused to notify passenger that lost/misplaced unchecked baggage will be held on a will-call basis.

Operating Authority and Insurance

- Operating Authority
 - Carrier is operating without required interstate operating authority or registration.
- Insurance
 - Carrier is operating without required insurance / financial responsibility.

IMPORTANT

If this is an emergency, please call 911 immediately. The NCCDB complaint system is intended only for investigation of past events.

CANCEL

BACK

NEXT

Consumer Bus Complaint Contact Information

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FMCSA Federal Motor Carrier Safety Administration NCCDB Login |

NCCDB National Consumer Complaint Database CONSUMER->BUS [FAQs-Help](#) ?

COMPLAINT TYPE | **INCIDENT INFORMATION** | **CONTACT INFORMATION** | **COMPANY INFORMATION** | **FILE UPLOAD** | **REVIEW AND SUBMIT**

Contact Information

I am filing this complaint on behalf of someone else

Complainant Information

*First Name	<input type="text"/>	*Last Name	<input type="text"/>
Email	<input type="text"/>	*Phone	<input type="text"/>
Address 1	<input type="text"/>	Address 2	<input type="text" value="Enter Suite #, Dept/Mail Stop #"/>
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	Country	<input type="text"/>

Privacy Option
Share my complaint [allegations only] with the bus, limousine or motor coach company Yes No
Include my contact information [name, address, etc.] with the complaint, to the bus, limousine or motorcoach company Yes No

IMPORTANT
If this is an emergency, please call 911 immediately. The NCCDB complaint system is intended only for investigation of past events.

Consumer Bus Complaint Company Information

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CONSUMER->BUS FAQs-Help?

COMPLAINT TYPE | INCIDENT INFORMATION | CONTACT INFORMATION | COMPANY INFORMATION | FILE UPLOAD | REVIEW AND SUBMIT

Company Information

Search Bus Companies
 Search All Companies

If you could not find the company you were looking for

Complaint on Carrier(s)

	Company Name	U.S. DOT#	MC#	Address	City	State	Zip	Manual Entry
Delete	Greyhound Lines Inc	44110	1515	350 N ST PAUL ST	Dallas	TX	75201-4201	

Search Result

	Company Name	U.S. DOT#	MC#	Address	City	State	Zip
Select	Greyhound Canada Transportation Ulc	14166	304126	877 GREYHOUND WAY SW	Calgary	AB	T3C 3V8
Select	Greyhound Lines Inc	44110	1515	350 N ST PAUL ST	Dallas	TX	75201-4201
Select	Greyhound Lines Mexico S De RI De Cv	2512737		JUAN ALDAMA SUR 924	Monterrey	NL	64000

IMPORTANT
 If this is an emergency, please call 911 immediately. The NCCDB complaint system is intended only for investigation of past events.

Consumer Bus Complaint File Upload

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Federal Motor Carrier Safety Administration

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CONSUMER->BUS [FAQs-Help](#)

COMPLAINT TYPE | INCIDENT INFORMATION | CONTACT INFORMATION | **COMPANY INFORMATION** | FILE UPLOAD | REVIEW AND SUBMIT

Company Information

Complaint on Carrier(s)

	Company Name	U.S. DOT#	MC#	Address	City	State	Zip	Manual Entry
Delete	Test Bus Company							Y

Enter Company Information

* Name

Address

City State


Zip Country

Email Phone

IMPORTANT
If this is an emergency, please call 911 immediately. The NCCDB complaint system is intended only for investigation of past events.

Consumer Bus Complaint Review and Submit

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COMPLAINT TYPE
INCIDENT INFORMATION
CONTACT INFORMATION
COMPANY INFORMATION
FILE UPLOAD
REVIEW AND SUBMIT

Review and Submit

Complaint ID: [Print](#)

Incident Information

Incident Date	Origin City	Origin State	Destination City	Destination State	Route/Job/Invoice #
5/29/2016	Boston	MA	Atlanta	GA	

Incident Description
A Test Bus complaint

Additional Information
 Was at least 48 hours advanced notice provided to the carrier about the need for accessible transportation? Yes
 Did the bus have an elevated passenger deck above a baggage compartment? Yes
 Please indicate the type of mobility device being used: N/A

Complaint Detail

Type	Category	Allegation
Americans with Disabilities Act (ADA)	Complaint Against Carrier	Non-employees were required to provide assistance to an individual with a disability.

Contact Information

Name	Email	Phone	Address
Test Record		617-494-2236	Complainant

Privacy Option
 Share my complaint [allegations only] with the bus, limousine or motor coach company Yes
 Include my contact information [name, address, etc.] with the complaint, to the bus, limousine or motorcoach company Yes

Company Information

Company Name	U.S. DOT#	MC#	Address	City	State	Zip	Manual Entry
Greyhound Lines Inc	44110	1515	350 N ST PAUL ST	Dallas	TX	75201-4201	

Supporting Documents

None

Certification Statement

* By checking this box, I certify/understand that the statements and information I am submitting in support of this complaint (allegation) are, to the best of my knowledge, true, accurate and complete.

IMPORTANT

If this is an emergency, please call 911 immediately. The NCCDB complaint system is intended only for investigation of past events.

CANCEL
BACK
SUBMIT