

**Dispute Services Request - Cruise**

Return to CADRS@fmc.gov, fax (202) 275-0059, or CADRS, 800 N. Capitol St., NW, Washington, DC 20573

**Person Requesting Assistance:**

Name:

Current address:

City:

State/province:

ZIP/Post 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/Post Code:

Country:

Phone:

E-Mail:

Fax:

Travel Agent Name:

Travel Agent Phone Number:

Travel Agent Mailing Address:

**Nature of Dispute :**

Does your dispute involve:

Weather

Airline

Luggage

Food

Safety

Cruise Cancellation

Billing/gratuity

Documentation

Missed Cruise

Change of itinerary

Illness/Injury

Medical Staff

Cleanliness of Ship

Passenger Cancellation

Shore Excursion

Did the cruise begin or end at a U.S. port?

Yes

No

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.**

Signature:

Date: