FMC Form-33 OMB Control No. XXXX-XXXX

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| Federal Maritime Commission  Dispute Resolution Services Request - Cargo | | | | | |
| Person Requesting Assistance | | | | | |
| **Name:** | | | | | |
| **Business Name:** | | | | | |
| **Type of business (check one): \_\_VOCC \_\_NVOCC \_\_FF \_\_\_MTO \_\_ Importer \_\_\_ Exporter \_\_\_ Customsbroker \_\_other** | | | | | |
| **Current Address:** | | | | | |
| **City:** | **State/Province:** | | **ZIP/Postal Code:** | **Country:** | |
| **Preferred Phone Number (9AM-5PM EST):** | | | **E-Mail:** | | |
| **Name of attorney (if any):** | | | **Attorney’s phone number:** | | |
| **Attorney’s email address (if any):** | | | | | |
| Dispute is With | | | | | |
| **Business Name:** | | | | | |
| **Address:** | | | | | |
| **Type of business (check one): \_\_VOCC \_\_NVOCC \_\_FF \_\_\_MTO \_\_ Importer \_\_\_ Exporter \_\_\_ Customsbroker \_\_other** | | | | | |
| **City:** | **State/Province:** | | **ZIP/Postal Code:** | **Country:** | |
| **Phone:** | **E-Mail:** | | **Fax:** | | |
| **Have you contacted anyone at this company about your complaint?** | | | | | |
| **If so, please indicate who:** | | **What is the best way to contact:** | | | |
| Nature of Dispute | | | | | |
| **Type of Shipment (check one): \_ Household Goods \_ Commercial Cargo** | | | | | |
| **Import to U.S.?** | | **Export from U.S.?** | | | |
| **This dispute is related to (check one): \_\_ Freight rate \_\_Demurrage/Detention/Per diem \_\_ Non-Delivery**  **\_\_\_ Loss/damage \_\_\_Other** | | | | | |
| **If other, please explain:** | | | | | |
| **Date of transaction:** | | | | | |
| **Amount in controversy: $** | | | | | |
| **Desired solution:** | | | | | |
| **How did you hear about FMC/CADRS?** | | | | | |
| *Please explain your dispute and attach all relevant documents (e.g.: Bills of Lading, Shipping Contracts, Booking Confirmations, Correspondence, etc…)* | | | | | |
|  | | | | | |
| **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 an ocean shipping 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’s staff will act as a neutral third party in my ombuds or mediation matter and as such CADRS cannot provide me with legal representation or advice. I also understand and agree that ombuds services and mediation are voluntary processes and that any party and/or CADRS 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:** |