

NCCDB Complaint Entry Home Page

United States Department of Transportation

About DOT | Our Activities | Areas of Focus

**FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login

Search FMCSA Website



NCCDB | National Consumer Complaint Database

Use the links below to start filing a complaint against a:

- Moving company
- Bus company
- Truck company or cargo tank facility
- ELD Provider
- Medical review officer
- Substance abuse professional



Am I in the right place?

Learn about the complaint process

View All Frequently Asked Questions (FAQs)

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

I am a...



CONSUMER

This includes people who have:

- Used interstate movers, brokers, or auto haulers
- Ridden a bus, limousine, or motor coach as a passenger
- Witnessed a safety problem on the road
- Received shipment of hazardous materials

File a Complaint



DRIVER

This includes people who:

- Operate trucks and buses
- Work for a truck or bus company in another role (e.g., safety manager)

File a Complaint



INDUSTRY PROFESSIONAL

This includes people who have:

- Bus and truck companies
- Shippers
- Insurers
- Brokers
- Owner-operators
- Consortia/third-party administrators
- Purchasers and users of cargo tanks

File a Complaint

**OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

**CONTACT:**

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

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Consumer Moving Complaint Type

 **FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login |



NCCDB | National Consumer Complaint Database

[FAQs-Help?](#)

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

Who is your complaint against?

Select the entity below against which you would like to file a complaint. Once you select the entity, you can select the type of complaint.

☒ **Moving Company**



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.

☐ **Truck Company**



Is your complaint about witnessing truck or driver safety concerns? This could include a truck speeding or driving recklessly, or a cargo tank leaking or not properly secured.

☐ **Bus Company**



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 (ADA) during the trip or ticketing process.

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

 **OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

 **CONTACT:**

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Consumer Moving Complaint Incident Information

 **FMCSA**
Federal Motor Carrier Safety Administration

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[FAQs-Help](#)

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

Incident Information

Job Number

Delivery Date

Pickup Date*

Destination Address

Origin Address

Origin City*

Destination City*

Origin Zip*

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) *

Please provide a concise statement describing the incident.

Select All Allegations that Apply

[Expand All](#)

Moving Company (Household Goods)

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

Moving Broker (Arranges Transportation)

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

Consumer Moving Complaint Incident Information

Continued

Auto Hauler

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

Deceptive Business Practice

- + Consumer Complaint

Operating Authority and Financial Responsibility

- + Operating Authority
- + 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



OTHER RESOURCES:

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book



CONTACT:

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Monday-Friday to file a complaint

Consumer Moving Complaint Incident Information

Continued

**FMCSA**
Federal Motor Carrier Safety Administration

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FAQs-Help ?

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

Incident Information

Job Number

Bill of Lading No. (Job #)

Pickup Date*

Origin Address

Origin City*

Origin Zip*

United States

Delivery Date

Destination Address

Destination City*

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) *

Please provide a concise statement describing the incident.

Select All Allegations that Apply

[Collapse All](#)

Moving Company (Household Goods)

- Shipment Documents

☐ Broker or Moving company did not provide me with a copy of the "Your Rights And Responsibilities When You Move" pamphlet and the "Ready to Move" brochure.

☐ 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.

Consumer Moving Complaint Incident Information

Continued

☐ 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: \$

☐ Broker provided estimates that are much lower than actual charges from Moving Company.

- 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:

- 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

Moving Broker (Arranges Transportation)

- Shipment Documents

☐ Broker or Moving company did not provide me with a copy of the "Your Rights And Responsibilities When You Move" pamphlet and the "Ready to Move" brochure.
☐ 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.

Consumer Moving Complaint Incident Information

Continued

- ☐ 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: \$
- ☐ Broker provided estimates that are much lower than actual charges from Moving Company.
- 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:
- 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: \$
- 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.

Consumer Moving Complaint Incident Information

Continued

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
- ☐ Broker failed to return the deposit when a move was cancelled within timeframe specified in their policy.
- ☐ Broker failed to provide a list of carriers (Moving Companies) they use on their website/advertisements.

Operating Authority and Financial Responsibility

- Operating Authority

- ☐ Carrier is operating without required interstate operating authority or registration.
- ☐ Broker using carriers (Moving Companies) that don't have operating authority.

- Financial Responsibility

- ☐ Carrier is operating without required insurance

IMPORTANT

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CANCEL

BACK

NEXT



OTHER RESOURCES:

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book



CONTACT:

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 Contact Information

**FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login |

NCCDB | National Consumer Complaint Database

FAQs-Help?

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

Contact Information

Providing us with your email or mailing address in addition to your name and phone numbers helps us effectively investigate your complaint.

☐ I am filing this complaint on behalf of someone else

Complainant Information
☐ Copy Pickup Address ☐ Copy Delivery Address

First Name*

Email

Address 1

City

Zip

Last Name*

Phone*

Address 2

State

Country

Enter Suite #, Dept/Mail Stop #

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

Company Type

Company Name

US DOT #

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 Lading Number (Move Identification Number)
- Origin City and State of the Move
- Destination City and State of the Move
- Type of Complaint Cited in the Incident Information 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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CANCEL

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- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

**CONTACT:**

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Consumer Moving Complaint Company Information

 **FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login

NCCDB | National Consumer Complaint Database

[FAQs-Help](#)

[COMPLAINT TYPE](#) | [INCIDENT INFORMATION](#) | [CONTACT INFORMATION](#) | **[COMPANY INFORMATION](#)** | [FILE UPLOAD](#) | [REVIEW AND SUBMIT](#)

Company Information

The **Search** function below will search for the company(s) for your complaint. If your company does not show up on the list, it will presents you the function to "Enter Company Information".

Complaint against Company

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

☒ Search Moving Companies ☐ Search All Companies

If you could not find the company, you can enter the company information below.

Enter Company Information

No Match Record Found

IMPORTANT
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 **OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

 **CONTACT:**
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Consumer Moving Complaint File Upload

 **FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login |

NCCDB | National Consumer Complaint Database

[FAQs-Help?](#)

[COMPLAINT TYPE](#) | [INCIDENT INFORMATION](#) | [CONTACT INFORMATION](#) | [COMPANY INFORMATION](#) | **FILE UPLOAD** | [REVIEW AND SUBMIT](#)

File Upload

If desired, please upload any supporting documents. Acceptable Document Types:
DOC, DOCX, XLS, XLSX, GIF, JPEG, JPG, PDF, TIF, TIFF, TXT, WPD, ZIP, HTML, HTM, MSG, MP4, RTF, PNG, MPG, WMV and MOV (size limit 20MB)

Description*

Supporting Documents

IMPORTANT
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 **OTHER RESOURCES:**

- » FMCSA Resources for Consumers
- » Protect Your Move
- » Look Before You Book

 **CONTACT:**

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from 8:00 a.m.-8:00 p.m. Eastern Time
Monday-Friday to file a complaint

Consumer Moving Complaints Review and Submit

 **FMCSA**
Federal Motor Carrier Safety Administration

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NCCDB | National Consumer Complaint Database

[COMPLAINT TYPE](#) | [INCIDENT INFORMATION](#) | [CONTACT INFORMATION](#) | [COMPANY INFORMATION](#) | [FILE UPLOAD](#) | **[REVIEW AND SUBMIT](#)** | [FAQs-Help](#)

Review and Submit

Complaint ID:

Incident Information

Address Type	Address	City	State	Zip	Country
Origin	78 B street	anywhere	ME	90201	US
Destination		Everywhere	OH	90210	US

Bill of Lading Number (Job #): 123456 Pickup Date: 1/7/2022 Delivery Date: 1/10/2022

Incident Description
test

Selected Allegations

Type	Category	Allegation
Operating Authority and Financial Responsibility	Operating Authority	Carrier is operating without required interstate operating authority or registration.

Contact Information

Name	Email	Phone	Address	
Test Record		617-555-1212		Complainant

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

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 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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 **OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

 **CONTACT:**

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Consumer Truck Complaint Type

 **FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login |



NCCDB | National Consumer Complaint Database

[FAQs-Help](#)

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

Who is your complaint against?

Select the entity below against which you would like to file a complaint. Once you select the entity, you can select the type of complaint.

☒ **Moving Company**



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.

☒ **Truck Company**



Is your complaint about witnessing truck or driver safety concerns? This could include a truck speeding or driving recklessly, or a cargo tank leaking or not properly secured.

☐ **Bus Company**



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 (ADA) during the trip or ticketing process.

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 **OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

 **CONTACT:**

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Consumer Truck Complaint Incident Information

 **FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login |

NCCDB | National Consumer Complaint Database

[FAQs-Help](#)

[COMPLAINT TYPE](#) | [INCIDENT INFORMATION](#) | [CONTACT INFORMATION](#) | [COMPANY INFORMATION](#) | [FILE UPLOAD](#) | [REVIEW AND SUBMIT](#)

Incident Information

Incident Date

Incident Location

Incident Description (Maximum 4000 Characters) *

Please provide a concise statement describing the incident.

Select All Allegations that Apply

[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 Financial Responsibility

- + Operating Authority
- + Financial Responsibility

Property Broker (Arranges Transportation)

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

IMPORTANT

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CANCEL

BACK

NEXT

**OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Lock Before You Book

**CONTACT:**

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

Consumer Truck Complaint Incident Information

Continued

 **FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login |



NCCDB | National Consumer Complaint Database

[COMPLAINT TYPE](#) | [INCIDENT INFORMATION](#) | [CONTACT INFORMATION](#) | [COMPANY INFORMATION](#) | [FILE UPLOAD](#) | [REVIEW AND SUBMIT](#)

[FAQs-Help](#) 

Incident InformationIncident Date Incident Location

Incident Description (Maximum 4000 Characters) *

Please provide a concise statement describing the incident.

Select All Allegations that Apply[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.

Consumer Truck Complaint Incident Information

Continued

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- Other
☐ I witnessed Hazardous Material leaking from the vehicle.

Operating Authority and Financial Responsibility

- Operating Authority
☐ Carrier is operating without required interstate operating authority or registration.
☐ Broker using carriers (Moving Companies) that don't have operating authority.

- Financial Responsibility
☐ Carrier is operating without required insurance.

Property Broker (Arranges Transportation)

- Shipment Documents
☐ Broker or Moving company did not provide me with a copy of the "Your Rights And Responsibilities When You Move" pamphlet and the "Ready to Move" brochure.
☐ 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: \$
☐ Broker provided estimates that are much lower than actual charges from Moving Company.

- 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:

- 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.

IMPORTANT!
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CANCEL BACK NEXT

OTHER RESOURCES:
• FMCSA Resources for Consumers
• Protect Your Move
• Look Before You Book

CONTACT:
You can also call 1-888-507-5437 (1-888-365-7296)
from 8:00 a.m. to 5:00 p.m. Eastern Time
Monday-Friday to file a complaint

Consumer Truck Complaint Contact Information

 **FMCSA**
Federal Motor Carrier Safety Administration

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FAQs-Help?

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

Contact Information

Providing us with your email or mailing address in addition to your name and phone numbers helps us effectively investigate your complaint.

☐ I am filing this complaint on behalf of someone else

Complainant Information

First Name*

Email

Address 1

City

Zip

Last Name*

Phone*

Address 2
Enter Suite #, Dept/Mail Stop #

State

Country

☐ 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.

IMPORTANT
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CANCEL | BACK | **NEXT**

 **OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

 **CONTACT:**

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Monday-Friday to file a complaint

Consumer Truck Complaint Company Information

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Federal Motor Carrier Safety Administration

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FAQs-Help 

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

Company Information

The **Search** function below will search for the company(s) for your complaint. If your company does not show up on the list, it will presents you the function to "Enter Company Information".

If you could not find the company you were looking for

No Match Record Found

Enter Company Information

Name*

Address

City

State

Zip

Country

Email

Phone

IMPORTANT
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 **OTHER RESOURCES:**

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 **CONTACT:**

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Consumer Truck Complaint File Upload

 **FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login |

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FAQs-Help?

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

File Upload

If desired, please upload any supporting documents. Acceptable Document Types:
DOC, DOCX, XLS, XLSX, GIF, JPEG, JPG, PDF, TIF, TIFF, TXT, WPD, ZIP, HTML, HTM, MSG, MP4, RTF, PNG, MPG, WMV and MOV (size limit 20MB)

Description*

Supporting Documents

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

 **OTHER RESOURCES:**

- » FMCSA Resources for Consumers
- » Protect Your Move
- » Look Before You Book

 **CONTACT:**

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 Truck Complaint Review and Submit

 **FMCSA**
Federal Motor Carrier Safety Administration

NCCDB Login

NCCDB | National Consumer Complaint Database

[COMPLAINT TYPE](#) | [INCIDENT INFORMATION](#) | [CONTACT INFORMATION](#) | [COMPANY INFORMATION](#) | [FILE UPLOAD](#) | **[REVIEW AND SUBMIT](#)** | [FAQs-Help](#)

Review and Submit

Complaint ID:

Incident Information
Incident Date: 1/7/2022
Incident Location: anywhere
Incident Description
Test

Selected Allegations

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 Person		017-555-2244		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 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.

IMPORTANT
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CANCEL

BACK

SUBMIT

 **OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

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Consumer Bus Complaint Type

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FAQs-Help ?

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

Who is your complaint against?

Select the entity below against which you would like to file a complaint. Once you select the entity, you can select the type of complaint.

☐ **Moving Company**



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.

☐ **Truck Company**



Is your complaint about witnessing truck or driver safety concerns? This could include a truck speeding or driving recklessly, or a cargo tank leaking or not properly secured.

☒ **Bus Company**



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 (ADA) during the trip or ticketing process.

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 **OTHER RESOURCES:**

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- Protect Your Move
- Look Before You Book

 **CONTACT:**

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Consumer Bus Complaint Incident Information



Federal Motor Carrier Safety Administration

NCCDB Login

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FAQs-Help 

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) *

Please provide a concise statement describing the incident.

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

Select All Allegations that Apply

[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 Financial Responsibility

- + Operating Authority
- + 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

**OTHER RESOURCES:**

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book

**CONTACT:**

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Consumer Bus Complaint Incident Information

Continued


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FAQs-Help

[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) *

Please provide a concise statement describing the incident.

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

Select All Allegations that Apply

[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

Consumer Bus Complaint Incident Information

Continued

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.
- ☐ 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.

Consumer Bus Complaint Incident Information

Continued

- Vehicle

- ☐ Bus temperature unreasonable, bus and/or bus restroom unclear.
- ☐ 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.
- ☐ 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 Financial Responsibility

- Operating Authority

- ☐ Carrier is operating without required interstate operating authority or registration.
- ☐ Broker using carriers (Moving Companies) that don't have operating authority.

- Financial Responsibility

- ☐ Carrier is operating without required insurance

IMPORTANT

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CANCEL

BACK

NEXT



OTHER RESOURCES:

- FMCSA Resources for Consumers
- Protect Your Move
- Look Before You Book



CONTACT:

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from 8:00 a.m.-6:00 p.m. Eastern Time
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Consumer Bus Complaint Contact Information

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[FAQs-Help?](#)

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

Contact Information

Providing us with your email or mailing address in addition to your name and phone numbers helps us effectively investigate your complaint.

☐ I am filing this complaint on behalf of someone else

Complainant Information

First Name*

Email

Address 1

City

Zip

Last Name*

Phone*

Address 2
Enter Suite #, Dept/Mail Stop #

State

Country

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

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CANCEL | BACK | **NEXT**

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Consumer Bus Complaint Company Information

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FAQs-Help 

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

Company Information

The Search function below will search for the company(s) for your complaint. If your company does not show up on the list, it will presents you the function to "Enter Company Information".

Complaint against Company

	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	

If your complaint has multiple companies [Add Another Company](#)

Search Result

	Company Name	U. S. DOT#	MC#	Address	City	State	Zip
Select	Greyhound Canada Transportation Ulc	14106	304126	610 BAY STREET	Toronto	ON	M5G 1M5
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		CARRETERA A COLOMBIA 171	Escobedo	NL	66054

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[CANCEL](#) [BACK](#) [NEXT](#)

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Description*

Supporting Documents

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OTHER RESOURCES:

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- » [Protect Your Move](#)
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Review and Submit

Complaint ID:

Incident Information

Incident Date	Origin City	Origin State	Destination City	Destination State	Route/Job/Invoice #
1/7/2022		CT		AZ	

Incident Description
Test

Selected Allegations

Type	Category	Allegation
Operating Authority and Financial Responsibility	Operating Authority	Carrier is operating without required interstate operating authority or registration.
Operating Authority and Financial Responsibility	Operating Authority	Broker using carriers (Moving Companies) that don't have operating authority.

Contact Information

Name	Email	Phone	Address	
Andrew Jackson		617-555-1212		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.

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SUBMIT

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