



COMMERCIAL/CONSUMER COMPLAINT FORM

U.S. Department
Of Transportation

400 Seventh Street
SW, MC-PA
Washington, DC 20590

Federal Motor Carrier
Safety Administration

Date of Report:	Please Check the Appropriate Line	
Name of Complainant:	Type:	
Street Address:	<input type="checkbox"/> Shipper	
City, State/Province, Zip Code:	<input type="checkbox"/> Carrier	
Telephone No., Fax No.,	<input type="checkbox"/> Freight Forwarder	
E-Mail:	<input type="checkbox"/> Broker	
USDOT/MC Number:	<input type="checkbox"/> Other	
Name of Respondent:	Please Check the Appropriate Line	
Street Address:	Type:	
City, State/Province, Zip Code:	<input type="checkbox"/> Motor Carrier - Property	
Telephone No., Fax No., E-Mail:	<input type="checkbox"/> Motor Carrier - Household Goods	
	<input type="checkbox"/> Freight Forwarder	
	<input type="checkbox"/> Broker	
USDOT/MC Number:	<input type="checkbox"/> Shipper/Receiver (Lumping)	
	<input type="checkbox"/> Mexican Carrier	
	<input type="checkbox"/> Owner/Operator	
	<input type="checkbox"/> Motor Carrier - Passenger	
Complaint Reason		
Please Check the Appropriate Line		
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Loss/Damage	<input type="checkbox"/> Personal Automobiles
<input type="checkbox"/> Estimate/Final Charges	<input type="checkbox"/> Claim Settlement	<input type="checkbox"/> Lumper Loading/Unloading
<input type="checkbox"/> Pick-up/Delivery	<input type="checkbox"/> Property Brokers	<input type="checkbox"/> Weight
<input type="checkbox"/> Hostage	<input type="checkbox"/> Unauthorized Operations	<input type="checkbox"/> Other
	<input type="checkbox"/> Owner-Operator Leasing	
Remarks: (Add attachments if additional space is needed)		Please provide copies of all paperwork

Handled by _____

Date Closed _____

Complaint # _____