

# INFORMAL COMPLAINT FORM – MOVING COMPANIES

## TRANSPORTATION RATES DIVISON NORTH CAROLINA UTILITIES COMMISSION - PUBLIC STAFF

<b>Name of Complainant</b>			
<b>Name of Shipper/Customer (if different)</b>			
<b>Name of Moving Company</b>			
<b>Have you already contacted the company?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>**If NO please contact the company first.</b>
<b>Name of Company Rep Familiar with Situation</b>			
<b>City Moved From</b>			
<b>City Moved To</b>			
<b>Primary Contact Number</b>		<b>Second contact Number</b>	
<b>Email Address</b>			
<b>Description of your complaint</b> (If additional space is needed please continue on back or on an additional sheet of paper)			
<b>Copies of the moving documents shown at right are being provided.</b>	<input type="checkbox"/> Bill of lading <input type="checkbox"/> Addendum to the Uniform Household Goods Bill of Lading Estimated <input type="checkbox"/> Cost of Services Form (if you received a written estimate) <input type="checkbox"/> Emails or other correspondence with moving company representatives		
<b>Company's response to complaint</b>			
<b>What resolution do you want regarding this complaint?</b>			
<b>Additional Comments</b>			

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_