

INFORMAL COMPLAINT FORM – MOVING COMPANIES

TRANSPORTATION RATES DIVISON NORTH CAROLINA UTILITIES COMMISSION - PUBLIC STAFF

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

Printed Name: _____

Date: _____

Signature: _____