



**GEORGIA DEPARTMENT OF PUBLIC SAFETY  
MCCD REGULATORY COMPLIANCE**

**P.O. BOX 1456  
ATLANTA, GEORGIA 30371**

**(404) 624-7241**

**FAX: (770) 359-4321  
householdgoods@gsp.net**

**[www.gamccd.net](http://www.gamccd.net)**

**Household Goods Complaint Form**

**Person Filing Complaint**

<b>NAME</b>					
<b>ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>		<b>ZIP</b>	
<b>PHONE</b>			<b>Cell phone</b>		
<b>EMAIL</b>					

**HOUSEHOLD GOODS CARRIER INFORMATION**

<b>COMPANY NAME</b>					
<b>ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>		<b>ZIP</b>	
<b>PHONE</b>			<b>EMAIL</b>		
<b>USDOT #</b>					
<b>DRIVER'S NAME (if applicable)</b>					

What was the date of the incident?			
Was a transportation service <u>actually</u> provided to you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your complaint relative to a trip that occurred entirely within Georgia?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the Origin & Destination of your trip? (List City & State)			
If so, what type of vehicle was used by the company?		<input type="checkbox"/> Large truck <input type="checkbox"/> Tractor-Trailer <input type="checkbox"/> Pickup truck <input type="checkbox"/> Other (Specify):	
What was the name of the company representative that arranged your trip?			
Signature		Date	
<b><i>For Department Use Only</i></b>			
<b>DATE RECEIVED</b>			
<b>RECEIVED BY:</b>			
<b>ASSIGNED TO</b>			
<b>MCA NUMBER</b>		Region	
<b><i>Please describe the nature of your complaint below. Please be detailed in your comments. Also, please submit copies of all photographs, emails, invoices, bills of lading, addendums, receipts, and other relevant correspondence with your complaint. The more information you provide, the better we can serve you. <u>Please fax to (770) 359-4321 or e-mail to householdgoods@gsp.net.</u></i></b>			

