



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

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

(404) 624-7241

FAX: (404) 624-7246

bfreeney@gsp.net

www.gamccd.net

Household Goods Complaint Form

Person Filing Complaint

NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE			Cell phone		
EMAIL					

HOUSEHOLD GOODS CARRIER INFORMATION

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

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	
For Department Use Only			
DATE RECEIVED			
RECEIVED BY:			
ASSIGNED TO			
MCA NUMBER	Region		
<p><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. Please fax to (404) 624-7246 or e-mail to bfreeney@gsp.net.</i></p>			

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