



Form MCD-906
(Rev. 8/01)
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Motor Carrier Division Household Goods Move-Complaint Form

Consumer Information

TxDOT will need to contact you if there is missing or incomplete information on this form, and to notify you of any further action taken. Please be sure to include your name, address, phone numbers and e-mail address, if available. TxDOT will not process anonymous complaints. Because not all persons have e-mail access, it's important to provide a mailing address.

Title: Mr. Ms.

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: () - _____ (day) Ext. _____

Work Phone: () - _____

Fax Number: () - _____ E-mail: _____

Complaint To Be Filed Against This Company:

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ ZIP Code _____

Phone: () - _____ Company Web site address _____

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023 and 559.004 of the Texas Government Code, you are entitled to receive and review the information, and to have us correct erroneous information.

For questions or comments concerning household goods carrier complaints, call 800/299-1700(option 3) or write to: TxDOT-MCD, 125 E. 11th Street, Austin, Texas 78701. For more information, visit our web site at www.dot.state.tx.us (Select "Trucking and Vehicle Storage Facilities")

Complaint Information

Please fill in the relevant blanks for your complaint. You **MUST** enter a description of the complaint.

Date of Move: _____ Order, Contract, Acct. or Policy #: _____

Moved From: _____

Moved To: _____

Date(s) you complained to mover: _____

To whom: _____

Written claim filed? Yes No Claim # _____ Date: _____

Claim denied Settlement offered Date: _____

What is the nature of your complaint?

Please provide a **brief, factual description** of the problem you experienced.

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Payment Information

Have you already paid for the service? Yes No
 Not Applicable Partial payment made

Method of Payment: Cash Check Credit Card Money Order Move Price: \$ _____

What settlement would you consider fair? replacement or repair refund other (please explain below)

Brief description of desired settlement: _____

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