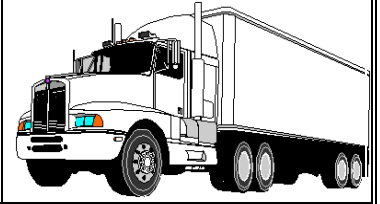


P-Complaint
(Rev. 1/09)

This form is authorized by
the Motor Carrier Act, Act
254 P.A. 1933, as
amended.

DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
MICHIGAN PUBLIC SERVICE COMMISSION
MOTOR CARRIER DIVISION
6545 Mercantile Way, Suite 1
P. O. Box 30221
Lansing, Michigan 48909



COMPLAINT INVOLVING INTRASTATE MOTOR CARRIER OPERATIONS
For assistance with this complaint call (517) 241-6030

IDENTIFICATION OF COMPLAINANT (Person/Carrier Filing Complaint)

MPSC Authority Number: _____ MC Authority Number: _____

Complainant's Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

If you wish to remain anonymous in the complaint, you must indicate so in the complaint letter. Otherwise, your complaint, including your name, may be available upon inquiry by any party. **AN ANONYMOUS COMPLAINT IS STILL REQUIRED TO SUBMIT NAME, ADDRESS AND TELEPHONE NUMBER AND YOUR NAME MAY BE RELEASED TO THE INVESTIGATING OFFICER ASSIGNED TO YOUR COMPLAINT.**

Yes, I wish to remain anonymous.

IDENTIFICATION OF RESPONDENT (Motor Carrier Being Complained About)

MPSC Authority Number: _____ MC Authority Number: _____

Carrier's Name: _____

Carrier Contact: (if known): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

BASIC COMPLAINT DESCRIPTION : Select one or more of the following categories which pertain to your complaint about the services provided or the operations conducted by the Complainant. Please complete each of the requested areas of information pertaining to the category to the best of your ability. Where you need more space to enter your response, you may continue on and submit additional pages with this form.

HOUSEHOLD GOODS MOVE - Proceed to Section 3

COMPLIANCE WITH MOTOR CARRIER SAFETY REGULATIONS – FAILING TO OPERATE IN A SAFE MANNER – Proceed to Section 4

CARRIER CONDUCTING MOVES WITHOUT OPERATING AUTHORITY (Haul for Hire Violations) - Proceed to Section 5

OTHER – Proceed to Section 6

Section 3: HOUSEHOLD GOODS MOVE

1. Was the household goods movement conducted from one location in Michigan to another location in Michigan?

- No – The move you wish to file a complaint about was interstate in nature. The MPSC has jurisdiction only on those moves made completely within Michigan (intrastate). Please contact the Federal Motor Carrier Safety Administration (FMCSA), which has jurisdiction over interstate moves, at the following locations:
Telephone: 1-800-DOT-SAFT (1-800-368-7238)
Internet: http://nccdb.fmcsa.dot.gov/hc_disclaimer1.asp

No further completion of this form is required.

- Yes – Move Started on : _____, 2 _____ Ended: Same Day _____, 2 _____

Move from: _____,
Street address City

to: _____,
Street address City

2. Do you have copies of the following documents which relate to this move?

- Estimate of moving cost Yes No Bill of Lading Yes No
Inventory Checklist Yes No Itemized Final Billing Yes No
Other (photos, correspondence, police reports, etc.) – please specify: _____

Are you attaching COPIES of these documents? Yes No

3. Please proceed to Section 6 to enter a detailed statement of your complaint.

Section 4: COMPLIANCE WITH MOTOR CARRIER SAFETY REGULATIONS – FAILING TO OPERATE IN A SAFE MANNER

1. Do the safety violations you wish to report involve movements conducted completely within Michigan?

- No – The move you wish to file a complaint about was interstate in nature. The MPSC has jurisdiction only on those moves made completely within Michigan (intrastate). Please contact the Federal Motor Carrier Safety Administration (FMCSA), which has jurisdiction over interstate moves, at the following locations:
Telephone: 1-800-DOT-SAFT (1-800-368-7238)
Internet: http://nccdb.fmcsa.dot.gov/sv_disclaimer1.asp

No further completion of this form is required.

- Yes – Start date of moves : _____, 2 _____

2. Does your complaint involve an accident which occurred in Michigan?

- No Yes - (A) Date of Accident: _____, 2 _____

(B) Location: _____,
Street Address City

(C) Do you have copies of the accident report, photos, written witness statements, etc.?

- No
 Yes - Are you attaching COPIES of these documents? Yes No

3. Please proceed to Section 6 to enter a detailed statement of your complaint.

Section 5: CARRIER CONDUCTING MOVES WITHOUT OPERATING AUTHORITY (Haul for Hire Violations)

1. Was/are the movement(s) conducted from one location in Michigan to another location in Michigan?

- No – The move(s) you wish to file a complaint about was interstate in nature. The MPSC has jurisdiction only on those moves made completely within Michigan (intrastate). Please contact the Federal Motor Carrier Safety Administration (FMCSA), which has jurisdiction over interstate moves, at the following locations:
Telephone: 1-800-DOT-SAFT (1-800-368-7238)
Internet: http://nccdb.fmcsa.dot.gov/hc_disclaimer1.asp

No further completion of this form is required.

- Yes – Move Started on : _____, 2 _____ Ended: Same Day _____, 2 _____

Move from: _____,
Street address City

to: _____,
Street address City

Are movements being made on an ongoing basis?

- No Yes – How frequently are moves made? Daily Weekly Unknown

What is your source of information (how do you know these moves are being made)? _____

Do you have any documents to substantiate your claim (i.e., bills of lading, billing statement, etc.)?

- No Yes - Are you attaching COPIES of these documents? Yes No

2. Please proceed to Section 6 to enter a detailed statement of your complaint.

Section 6: DETAILED STATEMENT OF COMPLAINT

Please provide a detailed statement of your complaint. Include any details, including dates, names and contact telephone numbers of involved persons who may have additional information, and agencies, which may assist in the investigation of your complaint. When complete, please proceed to Section 7 and enter your signature and date of completion.

Section 7: SIGNATURE AND SUBMISSION

Completed by: _____ on _____, 2 _____

For further assistance, please contact the Motor Carrier Division at (517)241-6030.

Submit this completed form and any supporting attachments to:

Michigan Department of Energy, Labor & Economic Growth
Michigan Public Service Commission
Motor Carrier Division
6545 Mercantile Way
Lansing, Michigan 48911