

P-Complaint
(Rev. 11/14)

Authorized by the Motor
Carrier Act, Act 254 P.A.
1933, as amended.
Violation of the Motor
Carrier Act may result in a
fine or revocation of
operating authority.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN PUBLIC SERVICE COMMISSION
MOTOR CARRIER DIVISION
P. O. Box 30221
Lansing, Michigan 48909



**COMPLAINT INVOLVING INTRASTATE MOTOR CARRIER
OPERATIONS For assistance with this complaint call (517) 284-8120**

Section 1: 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** - Complete Section 2, Proceed to Section 3
- COMPLIANCE WITH MOTOR CARRIER SAFETY REGULATIONS – FAILING TO OPERATE IN A SAFE MANNER** – Complete Section 2, Proceed to Section 4
- CARRIER CONDUCTING MOVES WITHOUT OPERATING AUTHORITY (Haul for Hire Violations)** - Complete Section 2, Proceed to Section 5
- OTHER** – Complete Section 2, Proceed to Section 6

Section 2:

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: _____

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:
Telephone: 1-888-DOT-SAFT (1-888-368-7238)
Internet: <http://nccdb.fmcsa.dot.gov>

No further completion of this form is required.

- Yes – Move Started on : _____ Ended: Same Day _____
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:
Telephone: 1-888-DOT-SAFT (1-888-368-7238)
Internet: <http://nccdb.fmcsa.dot.gov>
No further completion of this form is required.

- Yes – Start date of moves : _____

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

- No Yes - (A) Date of Accident: _____
(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:
Telephone: 1-888-DOT-SAFT (1-888-368-7238)

No further completion of this form is required.

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

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 _____

For further assistance, please contact the Motor Carrier Division at (517)284-8120.

Submit this completed form and any supporting attachments to:

Michigan Department Licensing and Regulatory Affairs
Michigan Public Service Commission
Motor Carrier Division
P.O. Box 30221
Lansing, Michigan 48911