

**HOUSEHOLD
GOODS MOVE
COMPLAINT
FORM**

**Louisiana Public Service Commission
Transportation Division
PO Box 91154
Baton Rouge, LA 70821
Phone (888)342-5717 (225) 342-4439**



IDENTIFICATION OF COMPLAINANT (Person Filing Complaint)

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) ____ - _____ Cell Number: (____) ____ - _____ Fax Number: (____) ____ - _____

Email Address: _____

IDENTIFICATION OF MOVING COMPANY

Carrier's Name: _____

LPSC Authority Number (If known): _____

The contact person for move: _____ Telephone Number: (____) _____

HOUSEHOLD GOODS MOVE

Was the household goods move conducted from one location in Louisiana to another location in Louisiana?

_____ **NO** - The move you wish to file a complaint about was interstate in nature. The LPSC has jurisdiction only on those moves made completely within Louisiana (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/> or www.protectyourmove.gov No further completion of this form is required.

_____ **YES – Date Move Started:** _____ **Date Move Ended:** _____

Moved from: _____,
Street address City

to: _____,
Street address City

ESTIMATES

Did you sign a written estimate and receive a copy of the estimate signed by the mover: _____ YES* _____ NO
(*If you marked YES please attach a copy to this form)

Did you sign a written waiver waiving your right to a written estimate: _____ YES* _____ NO
(*If you marked YES please attach a copy to this form)

Total Fees charged for the move: \$ _____
(*Please attach a copy of all invoices, receipts, paperwork etc. received from the mover to this form)

