



HOUSEHOLD GOODS COMPLAINT

COMPLETE ALL FIELDS UNLESS OTHERWISE NOTED

YOUR INFORMATION			
NAME			
ADDRESS	CITY	STATE	ZIP
PHONE	CELL PHONE (OPTIONAL)	EMAIL ADDRESS (OPTIONAL)	

MOVE LOCATION INFORMATION		
STREET ADDRESS MOVED FROM	CITY MOVED FROM	DATE YOU FIRST CONTACTED MOVING CO
STREET ADDRESS MOVED TO	CITY MOVED TO	DATE YOUR MOVE HAPPENED

INFORMATION ABOUT YOUR MOVER			
MOVING COMPANY NAME		OREGON CERTIFICATE NUMBER (OPTIONAL)	
ADDRESS (OPTIONAL)	CITY (OPTIONAL)	STATE (OPTIONAL)	ZIP (OPTIONAL)
PHONE (OPTIONAL)	CONTACT NAME		

INFORMATION PERTAINING TO YOUR MOVE			
How did you locate and select the mover?	<input type="checkbox"/> INTERNET	<input type="checkbox"/> NEWSPRINT ADVERTISEMENT	<input type="checkbox"/> OTHER
COMMENTS _____			

Did the mover provide you a Moving Household Goods In Oregon, General Information Bulletin?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what date did you receive the bulletin?	_____
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Did the mover show up at the scheduled time?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, how long did you wait for your mover?	_____
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Did the moving company explain to you <i>prior to commencing the move</i> that you had a choice of valuation to protect your goods?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when did the mover discuss valuation options with you?	_____
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Did the movers bring sufficient furniture pads, dollies, tools and a clean truck in good running condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please explain?	_____
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Number of trucks used during your move?	_____	Number of movers used during your move?	_____
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INFORMATION PERTAINING TO YOUR CLAIM

How much did you pay for the move? _____

How did you pay for your move?

COLLECT ON DELIVERY (COD)

CHECK CASH

DEBIT/ CREDIT

Is your claim pertaining to an overcharge? YES NO

If yes, what is the overcharged amount you are claiming? _____

Did you request your household goods to be placed into storage as part of your move? YES NO

If yes, for how long? _____

Was there loss or damage to your household goods during your move? YES NO

If yes, when did you notify the moving company, *in writing*, of the damages? _____

Did the moving company acknowledge your written claim? YES NO

If yes, on what date? _____

What is the total amount of loss and/or damages you are claiming? _____

COMMENTS (OPTIONAL)

(Please list additional information you feel necessary to explain the conditions or issues resulting in this complaint)

NOTE: This document will be reviewed by the Department and response sent within five (5) business days. Additional information may be requested from you e.g. Bill of Lading or other paperwork pertaining to the move, etc. if you have questions about your claim or the process please call (503) 779-8093.