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|  | KENTUCKY TRANSPORTATION CABINETDepartment of Vehicle Regulation**DIVISION OF MOTOR CARRIERS** | TC 95-622Rev. 05/2018Page 1 of 2 |
|  | **CONSUMER COMPLAINT** |  |

 |
| **MAIL TO: OVERNIGHT DELIVERIES:**Kentucky Transportation Cabinet 200 Mero Street, 2nd floor, Frankfort, KY 40622 Division of Motor Carriers PO Box 2007, Frankfort, KY 40602-2007 **OR:** Drive.Ky.Gov Email: qp.dmc@ky.gov**SECTION 1: COMPLAINANT INFORMATION** |
| **Name** |
| **Address** |
| **City** | **State** | **Zip** | **County** |
| **Home Phone** | **Work Phone** | **Cell Phone** |
| **E**-**mail address** |
| **SECTION 2: COMPANY COMPLAINT IS AGAINST** |
| **Company Name** |
| **Address** |
| **City** | **State** | **Zip** | **County** |
| **Phone** |
| **SECTION 3: COMPLAINT INFORMATION** *(Please complete entire section.)* |
| Was bill of lading, freight, or contract signed?Yes No *(If yes, please attach* ***copy*** *of your contract.)* | Where was it signed? |
| Dates of transportation services From: | To: |
| Total Price | Amount Paid |
| How was service advertised?Newspaper TV Radio Mail Phone Email Internet Other |
| With what other agencies have you filed this complaint? |
| What action was taken? |
| Have you hired or retained a private attorney?Yes No | Have you started court action?Yes No |

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|  | **CONSUMER COMPLAINT** |  |
| **SECTION 3: COMPLAINT INFORMATION** *(cont.)* |
| What action will resolve your complaint? |
| Below, briefly state the facts of your complaint *(If necessary, use additional paper.)* Please attach copies of any papers involved; card receipts or statements, contracts, advertisements, canceled checks, etc. The information you provide will be used in our effort to resolve your problem and may be shared with the party against which you have complained. It may also be used to enforce applicable state laws. Under Kentucky’s Open Records Act, this complaint will be available for public view upon request. Certain personal information such as account numbers are not subject to the Open Records Act. |
|  |
| **SECTION 4: SIGNATURE AUTHORIZATION**The above information is true and accurate to the best of my knowledge. |
| **Signature** | **Date** |