

KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF MOTOR CARRIERS

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CONSUMER COMPLAINT

MAIL TO:

Kentucky Transportation Cabinet Division of Motor Carriers PO Box 2007, Frankfort, KY 40602-2007

OVERNIGHT DELIVERIES:

200 Mero Street, 2nd floor, Frankfort, KY 40622

OR: Email: qp.dmc@ky.gov			<u>Drive.Ky.Gov</u>				
SECTION 1: COMPLAINANT INFORMATION Name							
Address							
City		State	Zip	Count	ty		
Home Phone	Work Phone	<u> </u>	. I	Cell Phone			
E-mail address							
SECTION 2: COMPANY COMPLAINT IS AGAINST							
Company Name							
Address							
City		State	Zip	Count	ty		
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	Ar			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?							
_ · _ · _			lave you started court action? Yes No				



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SECTION 3: COMPLAINT INFORMATION (cont.)					
What action will resolve your complaint?					
Below, briefly state the facts of your complaint (If necessary, use additional parinvolved; card receipts or statements, contracts, advertisements, canceled che be used in our effort to resolve your problem and may be shared with the part may also be used to enforce applicable state laws. Under Kentucky's Open Refor public view upon request. Certain personal information such as account nuRecords Act.	cks, etc. The information you provide will y against which you have complained. It cords Act, this complaint will be available				
SECTION 4: SIGNATURE AUTHORIZATION					
The above information is true and accurate to the best of my knowledge.					
Signature	Date				