



KENTUCKY TRANSPORTATION CABINET  
Department of Vehicle Regulation  
DIVISION OF MOTOR CARRIERS

TC 95-622

05/2018

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**CONSUMER COMPLAINT**

**MAIL TO:**

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

**OR:**

Email: qp.dmc@ky.gov

**OVERNIGHT DELIVERIES:**

200 Mero Street, 2<sup>nd</sup> floor, Frankfort, KY 40622

[Drive.Ky.Gov](http://Drive.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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**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**