



# HOUSEHOLD GOODS CONSUMER PROTECTION - (MOVERS) COMPLAINT FORM

## Consumer Information

The TxDMV will investigate and respond to consumer complaints regarding moves performed within the State of Texas. Please make sure and provide as much information as possible. Incomplete forms can delay the processing of your complaint. Please be sure to include your contact information. A TxDMV investigator may contact you for further information. The TxDMV cannot recover funds for consumers. If you wish to recover damages, you should contact a private attorney.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## Complaint To Be Filed Against This Company:

Company Name: \_\_\_\_\_

TxDMV # \_\_\_\_\_ USDOT # \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Company Website Address \_\_\_\_\_

How did you hear about this moving company?

## Complaint Information

Pick up Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Contract / Bill of Lading #: \_\_\_\_\_

Moved From Address: \_\_\_\_\_

Moved To Address: \_\_\_\_\_

Dates(s) of your written claim/complaint to mover: \_\_\_\_\_

Your claim amount: \_\_\_\_\_

Did mover acknowledge your claim in writing?  YES  NO Claim # \_\_\_\_\_

Did mover offer a settlement?  YES  NO  Claim denied

### What is the nature of your complaint?

Please provide a brief, factual description of the problem you experienced.

THE UNDERSIGNED HEREBY CERTIFIES, UNDER PENALTY OF PERJURY, THAT ALL STATEMENTS IN THIS FORM ARE TRUE AND CORRECT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEND THIS FORM, ALONG WITH COPIES OF ANY MOVING SERVICES DOCUMENTS AND CORRESPONDENCE BETWEEN YOU AND THE MOVER TO THE DEPARTMENT IN ORDER TO PROCESS YOUR COMPLAINT. FAILURE TO INCLUDE THESE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR COMPLAINT. SEND TO:

Texas Department of Motor Vehicles  
Enforcement Division  
4000 Jackson Ave  
Austin, TX 78731

OR

Fax to: (512)374-5498  
Or E-mail to: [TruckStop@txdmv.gov](mailto:TruckStop@txdmv.gov)

THE TEXAS DEPARTMENT OF MOTOR VEHICLES MAINTAINS THE INFORMATION COLLECTED THROUGH THIS FORM. WITH FEW EXCEPTIONS YOU ARE ENTITLED ON REQUEST TO BE INFORMED ABOUT THE INFORMATION THAT WE COLLECT ABOUT YOU. UNDER §§552.021 AND 552.023 OF THE TEXAS GOVERNMENT CODE YOU ALSO ARE ENTITLED TO RECEIVE AND REVIEW THE INFORMATION. UNDER §559.004 OF THE GOVERNMENT CODE YOU ARE ALSO ENTITLED TO HAVE US CORRECT INFORMATION ABOUT YOU THAT IS INCORRECT.