

**PUBLIC UTILITIES COMMISSION
CONSUMER PROTECTION & SAFETY DIVISION
TRANSPORTATION ENFORCEMENT SECTION
505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298
Fax: (415) 703-5882 Tel: 1-800-366-4782 E-Mail: CIU_INTAKE@cpuc.ca.gov**

Moving Questionnaire/Complaint – Intrastate Transportation Only

How Do We Reach You?

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

Tell Us Your Complaint

Name of Moving Company: _____ Cal T # _____

Address: _____

Telephone: _____ Contact Person: _____

1. Where did you move from? _____

2. Where did you move to? _____

3. What was the date of your move? _____

4. Did the movers give you a copy of the booklet “*Important Information For Persons Moving Household Goods (within California)*” **before** the move started? Yes [] No []

If no, when did you receive the booklet? _____

5. Did you receive an *Agreement For Service* specifying the charges and valuation options, at least three days before the day of the move? Yes [] No [] If no, when did you receive the Agreement ?

Were you given a “*Not to Exceed price*” before the move began? Yes [] No []

Were you charged more than the “*Not to Exceed*” price ? Yes [] No []

If yes, how much more? \$ _____

6. Were you given a cost estimate for the move? Yes [] No []

Was it in writing ? Yes [] No []

If no, please explain: _____

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7. Were you charged more than the estimate? Yes [] No [] If yes, how much more ? \$ _____
Did you agree to pay more than the estimate ? Yes [] No []
Did the movers give you a “Change Order” for additional services requested? Yes [] No []
8. Did the movers show up at the scheduled time? Yes [] No []
If no, how late were they ? _____
Did the movers notify you of their delay? Yes [] No []
If yes, what was their explanation for the delay? _____

9. Did the movers bring sufficient furniture pads, dollies, tools, clean truck and in good running condition?
Yes [] No [] If no, explain _____
10. Did the movers act in a knowledgeable and professional manner during the move? Yes [] No []
If no, explain _____

11. Was your shipment placed into storage as part of your move? Yes [] No [] If yes, how long? _____
12. Was there loss or damage to your shipment during your move? Yes [] No []
If yes, did you advise the movers right away after discovery ? Yes [] No []
13. Did the movers resolve your loss/damage claim within 60 days? Yes [] No [] If not, how long did
the movers take to resolve your claim? _____

14. Were you satisfied with the move? Yes [] No [] If no, what was the nature of your dissatisfaction ?

15. If dissatisfied with either the movers’ service or claim settlement offer, did you pursue further action?
Yes [] No [] With whom?: Arbitration [] Small Claims [] Other Courts []
What was the disposition? _____
Judgment or Arbitration Awarded ? _____
16. How did you select this mover? Yellow Pages [] Newspaper [] Internet []
Referral [] Other []
17. Your Comments (Attach additional sheets if necessary):

Signature:

Date:

**PLEASE INCLUDE COPIES OF ANY AND ALL WRITTEN DOCUMENTATION
PERTAINING TO YOUR COMPLAINT (i.e., Agreement for Services, Shipping Order/
Freight Bill, Estimates, Change Order for Services, Letters, Claim forms, Inventories, etc.).**