



General Complaint Form

The American Trucking Associations promotes ethical principles and practices in our industry, and holds our members to high standards. ATA membership may be revoked for companies which violate our Code of Ethics.

Please use this form if you have a complaint about an ATA member regarding a shipment delay, the quality of service you received, or another complaint that does not fall within the guidelines for arbitration.

Do not use this form, however, if you have a dispute with your mover about items in your shipment that were lost or damaged during your move, or additional charges billed to you by your mover after your shipment was delivered. To resolve these issues, please use the ATA Arbitration Request form.

First and Last Name

Street Address		
City, State, ZIP		
Telephone Number		
Email Address		
Name of Moving Company		
Mover's DOT# and MC# on Bill of Lading	DOT#	MC#
Mover's Address		
If Mover is an Agent for a Van Line, Which One?		
Shipment or Bill of Lading Number		
City and State You Moved FROM		
City and State You Moved TO		
Date Your Shipment was Picked Up		
Date Your Shipment was Delivered		
Did the Shipment Move Under Your Name?	Yes	No
If No, whose Name did the Shipment Move Under?		

Please describe your complaint about your mover:

Please describe your mover's response to your complaint:

Please describe how you believe your complaint could be resolved:

If your web browser does not support filling out forms, save the file to your computer, complete form and submit via email to ConsumerSupport@trucking.org or print and fax to (703) 838-1999.

Questions? Contact ATA Consumer Support at (703) 838-1932.