## Customer Request for Arbitration from IAM Member

Thank you for contacting the International Association of Movers (IAM). We are sorry that you are having an issue with a member company and have not been able to reach resolution directly with your carrier or moving company. IAM operates its Dispute Settlement Program pursuant to the guidelines provided at Section 14708 of Title 49, United States Code, as amended, under authority of the US Department of Transportation.

All requests for arbitration must be submitted in writing. It is recommended that you have all documents and correspondence related to your move accessible when filling out this form. After submitting this form, you will receive a copy via email and instructions regarding next steps. Please note that this is Part 1 in the process to request arbitration. If your case moves to formal arbitration, you will be contacted by FORUM, IAM's designated program administrator, who will request more detailed information and documentation.

If you have any questions about completing this initial form to start the process, please email rpp@iamovers.org.

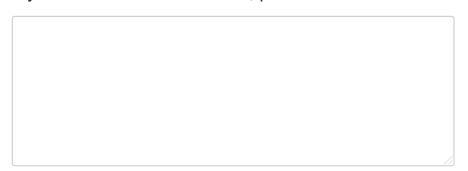
k .	Name of Person Requesting	g Arbitration
	First Last	
r	Address of Person Request	ing Arbitration
	Street Address	
	Address Line 2	
	City	State / Province / Region
	Postal / Zip Code	Country
•	Phone Number of Person R	equesting Arbitration
	Email of Parson Paguastina	Arbitration
•	Email of Person Requesting	Arbitration
ŕ	How do you prefer to receiv	re documentation?
	Email	
	Mail	
r	Name of Carrier/Moving Co	mpany

Carrier/Movi	ng Compan	ny Address	
Street Address			
Address Line 2			
City		State / Province	/ Region
			<b>~</b>
Postal / Zip Code	<del>)</del>	Country	
Name of Ca	rrier/Moving	g Company Point	of Contact
First	Last		
Email of Car	rier/Moving	Company Point	of Contact
		3 V>	,
What is the	Amount in [	Dispute?	
Type a numb	per		
Did the Mov	er Offer a S	ettlement?	
Yes			
No			

\* If yes, how much? If no, please write zero.

Type a number

If you received a settlement check, please explain where that check is now and if you cashed the check. If you did not receive a check, please write "N/A".



\* City and State You Moved FROM



\* City and State you Moved TO



\* Date Your Shipment Was Picked Up



\* Date Your Shipment Was Delivered



\* Shipment or Bill of Lading Number



If you have the Bill of Lading, please upload it.



_	Did the	Shipment	Move	Under	Your	Name?
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Yes

No

If no, whose Name did the Shipment Move Under?

If delivery location is different from current address, please explain.

Intervening Storage Dates, if any

Intervening Storage Location, if any

Did the mover provide the storage?

Yes No
Did you choose to use intervening storage?  Yes  No
Were items placed into permanent storage at the time of delivery?  Yes  No
What Type of Dispute are you seeking to arbitrate?  Please check the box(s) below.
Loss or Damage to the articles that were transported in your shipment.
Disputed Charges Charges your mover billed to you after your shipment was delivered.
Please describe your dispute.

Relief Sought by Person Requesting Arbitration.	4,
Anything else you would like to add? (optional)	

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9/29/2020