

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.

* Name of Person Requesting Arbitration

First

Last

* Address of Person Requesting Arbitration

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

* Phone Number of Person Requesting Arbitration

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* Email of Person Requesting Arbitration

* How do you prefer to receive documentation?

 Email Mail

* Name of Carrier/Moving Company

* Carrier/Moving Company Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

* Name of Carrier/Moving Company Point of Contact

First

Last

* Email of Carrier/Moving Company Point of Contact

* What is the Amount in Dispute?

* Did the Mover Offer a Settlement?

Yes

No

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

- * 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

<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	YYYY

- * Date Your Shipment Was Delivered

<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	YYYY

- * Shipment or Bill of Lading Number

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



* Did the Shipment Move Under Your Name?

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.

Anything else you would like to add? (optional)

SAMPLE