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Confidential Complaint Worksheet Motor Carrier Investigation Unit

Complainant Information	
Complainant:	Date:
Email:	
Phone:	
Privacy Option	
Share my complaint (allegations only) with carr	ier? YES NO
Share my contact information with carrier? Y	YES NO
Carrier Information	
Company Name:	USDOT:
Address:	
Incident Information	
Incident Date:	
Trip Origin:	Trip Destination:
Supporting Documents (Attach):	

Enter Description on Next Page

Description: