

HOUSEHOLD GOODS CARRIER EVALUATION REPORT
(For Domestic and International Shipments) (See Privacy Act Statement on reverse)

INSTRUCTIONS

Employee: Complete this form upon delivery of your shipment(s) to your new duty station and then send to your Agency's B/L Issuing Officer or Move Coordinator for their evaluation.

B/L Issuing Officer/Agency Move Coordinator: After completing the form, send to: General Services Administration (6FBD-X), Centralized Household Goods Traffic Management Program, 1500 East Bannister Road, Room 1076, Kansas City, MO 64131

EMPLOYEE INFORMATION

NAME	LAST	FIRST	MI	PRESENT HOME ADDRESS

DUTY STATIONS

OLD	CITY	COUNTRY <i>(If duty station is not in the United States)</i>	STATE	ZIP CODE
NEW	CITY	COUNTRY <i>(If duty station is not in the United States)</i>	STATE	ZIP CODE

SOCIAL SECURITY NUMBER	TELEPHONE			PICKUP DATE
	HOME (AREA CODE)	HOME (NUMBER)		DELIVERY DATE
	WORK (AREA CODE)	WORK (NUMBER)	WORK (EXTENSION)	

HHG B/L NUMBER	UAB B/L NUMBER	POV B/L NUMBER	FEDERAL AGENCY ID	CARRIER NAME ON B/L

RELOCATING EMPLOYEE'S RESPONSE *(Use "Remarks" on reverse for any comments)*

HOW WOULD YOU RATE YOUR SATISFACTION WITH THE CARRIER? <i>(Circle or check response)</i>	VERY UNSATISFIED	SOMEWHAT UNSATISFIED	NEITHER SATISFIED NOR UNSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
Quality of Packing	1	2	3	4	5
Delivering/Pickup Items With Little or No Damage	1	2	3	4	5
Having Workers Who Show Personal Courtesy	1	2	3	4	5
Delivering/Pickup Within the Scheduled Timeframe	1	2	3	4	5
Clearly Communicating the Services to be Provided	1	2	3	4	5
Being Responsive in Resolving Problems	1	2	3	4	5
How Would You Rate the Overall Quality of Service	1	2	3	4	5

IF YOU HAVE ANY LOSS OR DAMAGE, WHAT ARE THE ESTIMATED AMOUNTS?			SIGNATURE OF EMPLOYEE	DATE
HOUSEHOLD GOODS	AIR BAGGAGE	VEHICLE		

B/L ISSUING OFFICER'S/AGENCY MOVE COORDINATOR'S RESPONSE *(Use "Remarks" on reverse for any comments)*

HOW WOULD YOU RATE YOUR SATISFACTION WITH THE CARRIER? <i>(Circle or check response)</i>	VERY UNSATISFIED	SOMEWHAT UNSATISFIED	NEITHER SATISFIED NOR UNSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
Having Courteous People Help You When Tracing a Shipment	1	2	3	4	5
Keeping You Informed of Any Changes Occuring During the Move	1	2	3	4	5
Being Flexible in Meeting Special Employee or Agency Needs	1	2	3	4	5
How Would You Rate the Overall Quality of Service	1	2	3	4	5

SIGNATURE OF B/L ISSUING OFFICER/AGENCY MOVE COORDINATOR	DATE

NAME OF B/L ISSUING OFFICER/AGENCY MOVE COORDINATOR	TELEPHONE NUMBER		
	AREA CODE	NUMBER	EXTENSION

REMARKS *(Employee and/or B/L Issuing Officer/Agency Move Coordinator)*

PRIVACY ACT STATEMENT: The information requested on this form is solicited under Title 38, United State Code, and will be used to monitor and control the carrier's performance. The information may be furnished to the carrier involved for their evaluation. Your disclosure of this information will aid in our overall mission of making certain transferees receive satisfactory performance in the shipment of their household goods, privately owned vehicle, and air baggage.