

**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 (QMCCB), Centralized Household Goods Traffic Management Program, 1500 East Bannister Road, Building 6, Kansas City, MO 64131 or Fax to (816) 823-3656 or E-mail reg6.transportation@gsa.gov

**EMPLOYEE INFORMATION**

NAME	LAST	FIRST	MI

**DUTY STATION**

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

**TELEPHONE**

WORK (AREA CODE)	WORK (NUMBER)	WORK (EXTENSION)	PICKUP DATE

HHG B/L NUMBER	UAB B/L NUMBER	POV B/L NUMBER	FEDERAL AGENCY ID	DELIVERY DATE

STANDARD CARRIER ALPHA CODE (SCAC)	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? (Circle or check response)	VERY UNSATISFIED	SOMEWHAT UNSATISFIED	NEITHER SATISFIED NOR UNSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
Quality of Packing	1	2	3	4	5
Damage to Items	1	2	3	4	5
Personal Courtesy of Workers	1	2	3	4	5
Delivery/Pickup Within Scheduled Timeframe	1	2	3	4	5
Clear Communication of Services Provided	1	2	3	4	5
Responsive in Resolving Problems	1	2	3	4	5
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? (Circle or check response)	VERY UNSATISFIED	SOMEWHAT UNSATISFIED	NEITHER SATISFIED NOR UNSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
Courteous Service When Tracing Shipments	1	2	3	4	5
Keeping You Informed of Any Changes Occurring During the Move	1	2	3	4	5
Being Flexible in Meeting Special Employee or Agency Needs	1	2	3	4	5
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

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

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PRIVACY ACT STATEMENT: The information requested on this form is solicited under Title 38, United States 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 received satisfactory performance in the shipment of their household goods, privately owned vehicle, and air baggage.