



Report a Bad Player

Complete This Entire Form

We will contact customers that provided you with unsatisfactory service. Fill out this form, attach supporting documentation (invoices, bill of lading, or letters/ correspondence) and we will do our best to help resolve the dispute.

Our Policy:

- Use this form to report a non-payment of freight bill. You can also report the issue to www.transcredit.com. Unpaid debts can have a negative impact on overall credit ratings.
- If a customer has multiple unresolved complaints filed against them, we can discontinue their service.
- It is important to include invoices and/or bill of lading for each load.
- For missing loads, we urge you to contact the police and/or FBI and then fill out this report for our records.
- All customers must have the proper authority to advertise load or truck availability.

Have a good experience to share?

[DAT Directory](#) now has Company Reviews so you may review your favorite partners. Just log in to go to "My Company" to write a review today!

Please Note:

DAT is not a credit reporting or collection agency. Information in our files merely reflects what a customer has supplied to us and may not be sufficient for your business. We strongly encourage you to confirm critical information prior to completing a business transaction.

Contact Us

DAT Compliance Team
 P.O. Box 23519
 Portland, OR 97281-5081
 Phone: 800-547-5417
 Fax: 800-280-2475
customer.support@dat.com
www.dat.com

| Company Filing the Complaint | | | |
|---|--|-------|--|
| DAT Account Number: | | | |
| Company Name: | | | |
| Contact Name: | | | |
| Phone: | | | |
| Email: | | | |
| MC Number | | | |
| Company Being Reported | | | |
| Complaint Type: | | | |
| (no authority, payment complaint, delivery complaint, missing load, double brokering) | | | |
| Business Type: | | | |
| (broker, carrier, shipper, other) | | | |
| Company Name: | | | |
| Contact Person: | | | |
| Address: | | | |
| City: | | | |
| State: | | | |
| Zip: | | | |
| Phone: | | | |
| Fax: | | | |
| Email: | | | |
| MC Number: | | | |
| Load Information | | | |
| Signed Load Confirmation: | | | |
| (yes or no) | | | |
| Invoice Amount: | | | |
| Invoice Number: | | | |
| Balance Due: | | | |
| Payment Terms: | | | |
| Pick Up Date: | | | |
| Delivery Date: | | | |
| Payment Due Date: | | | |
| Load Origin: | | | |
| Load Destination: | | | |
| Explain the problem and what action you have taken: | | | |
| | | | |
| Efforts to Resolve Issue | | | |
| Date: | | Note: | |
| Date: | | Note: | |
| Date: | | Note: | |
| Date: | | Note: | |