

**HOUSEHOLD GOODS CARRIER EVALUATION REPORT
(For Domestic and International Shipments)**

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MI	PRESENT HOME ADDRESS
Social Security Number			

DUTY STATIONS

	CITY	COUNTRY (IF NOT IN THE U.S.A)	STATE	ZIP CODE
OLD				
NEW				

TELEPHONE

	AREA CODE	NUMBER
Home		
Work		

HHG B/L NUMBER	UAB B/L NUMBER	POV B/L NUMBER	FED AGENCY ID	CARRIER NAME ON B/L
				Suddath Relocation

RELOCATING EMPLOYEE'S RESPONSE

HOW WOULD YOU RATE YOUR SATISFACTION WITH THE CARRIER? (Place an X in the Applicable Box For Each Response)	Very Unsatisfied	Somewhat Unsatisfied	Neither Satisfied Nor Unsatisfied	Somewhat Satisfied	Very Satisfied
Quality of Packing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery/Pickup Items With Little or No Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having Workers Who Show Personal Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivering/Pickup Within the Scheduled Timeframe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly Communicating the Services to be Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being Responsive in Resolving Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would You Rate the Overall Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANY LOSS OR DAMAGE, WHAT ARE THE ESTIMATED AMOUNTS?

HOUSEHOLD GOODS	AIR BAGGAGE	VEHICLE	SIGNATURE OF EMPLOYEE	DATE

B/L OFFICER'S/AGENCY MOVE COORDINATOR'S RESPONSE

HOW WOULD YOU RATE YOUR SATISFACTION WITH THE CARRIER? (Place an X in the Applicable Box For Each Response)	Very Unsatisfied	Somewhat Satisfied	Neither Satisfied Nor Unsatisfied	Somewhat Satisfied	Very Satisfied
Having Courteous People Help You When Tracing A Shipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping You Informed of Changes Occurring During the Move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being Flexible in Meeting Special Employee or Agency Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Would You Rate the Overall Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Would You Rate the Overall Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE OF B/L ISSUING OFFICER/AGENCY MOVE COORDINATOR

DATE

NAME OF B/L ISSUING OFFICER/AGENCY MOVE COORDINATOR

TELEPHONE NUMBER