

**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
				<b>Suddath Relocation</b>

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping You Informed of Changes Occurring During the Move	<input checked="" type="checkbox"/>	<input checked="" 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