

<b>Federal Maritime Commission Dispute Services Request – Cruise</b>			
<b>Person Requesting Assistance</b>			
Name:			
Current address:			
City:	State/province:	ZIP/Postal Code:	
Country:			
Preferred phone number (9AM-5PM EST):		E-Mail:	
Attorney's name (if any):		Attorney's phone number:	
Attorney's email:			
<b>Dispute is with</b>			
Name:			
Address:			
City:	State/Province:	ZIP/Postal Code:	Country:
Phone:	E-Mail:	Fax:	
Travel Agent Name:		Travel Agent Phone Number:	
Travel Agent Mailing Address:			
<b>Nature of Dispute</b>			
Does your dispute involve (check one): <input type="checkbox"/> Airline <input type="checkbox"/> Billing/gratuity <input type="checkbox"/> Change of itinerary <input type="checkbox"/> Cleanliness of ship <input type="checkbox"/> Deceptive trade practices <input type="checkbox"/> Documentation <input type="checkbox"/> Illness/injury <input type="checkbox"/> Luggage <input type="checkbox"/> Missed cruise <input type="checkbox"/> Food <input type="checkbox"/> Medical staff <input type="checkbox"/> Safety <input type="checkbox"/> Shore excursion <input type="checkbox"/> Weather <input type="checkbox"/> Passenger cancellation <input type="checkbox"/> Cruise cancellation			
Did the cruise begin or end at a U.S. port? Y/N			
How did you hear about the FMC/CADRS?			
<b>**Desired resolution:</b>			
<i><b>**You are requesting FMC/CADRS assistance in resolving your dispute. The FMC does not have regulatory authority to <u>require</u> cruise lines to take any particular action. Please see <a href="http://www.fmc.gov">www.fmc.gov</a> for more information.</b></i>			
<i><b>Please explain the dispute as fully as possible: (have you filed a complaint with the Cruise Line? Have you contacted anyone else for assistance? Did you purchase any travel insurance? How did you book your cruise (online, travel agent, other)))?</b></i>			
<b>Affirmation:</b> I understand that the information that I have provided is for the purpose of convening the use of confidential ombuds or mediation services to resolve a cruise related dispute. As such, I authorize CADRS to contact the named party(ies) to engage in efforts to seek resolution to this matter. Also, in the event that this matter falls outside of FMC jurisdiction, I authorize CADRS to refer my request for assistance to the appropriate governmental agency possessing jurisdiction over my complaint. Unless otherwise marked confidential in this intake form or attached documents, I authorize CADRS to disclose information provided in the intake form to the other named party(ies) for the purpose of exploring resolution to this dispute. I understand and agree that CADRS staff will act as a neutral third party in my ombuds or mediation matter and as such CADRS's staff cannot provide me with legal representation or advice. I also understand and agree that ombuds services and mediation are voluntary and that any party and/or CADRS staff may decline or terminate ombuds or mediation services at any time. I affirm that the information provided in this intake form, to the best of my knowledge, is true and accurate.			
Signature:			Date: