

Dispute Services Request – Cruise

Return to: CADRS@fmc.gov

Person Requesting Assistance:

Name:

Current address:

City:

State:

ZIP Code:

Country:

Ticket or Booking Number:

Email:

Phone:

Dispute is with:

Name(s):

Address:

City:

State:

ZIP Code:

Country:

Phone:

E-Mail:

Does your dispute involve:

- Casualty
- Non-performance
- Other

Did the cruise begin at a U.S. port?

Yes

No

If you embarked the cruise in a foreign country, please visit: <https://www.fmc.gov/resources-services/cruise-passenger-assistance/>

If you booked with a travel agent or third party seller of travel, please visit: www.fmc.gov/resources-services/cruise-passenger-assistance/

How did you hear about CADRS?

Answer the following below: *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 (e.g., online, travel agent, other).* Provide a timeline and **attach** booking confirmation, reservation, ticket, and any other

Affirmation: 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' 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: