



THE CITY OF POUGHKEEPSIE NEW YORK

Taxi Cab Company Complaint Form

Instructions:

Please type or print in black ink.

Explain the problem in detail; include all important information, such as dates, places, letters submitted to the Taxi Cab Company, witnesses, witness statements

Attach an additional sheet to explain the problem, if necessary. Keep all original supporting documents for your files.

Please complete the complaint form and return it to the City Chamberlain's Office.

Your Information

Name _____

Address _____

Phone Number _____

Taxi Cab Company Information

Name of Taxi Cab Company _____

Taxi Driver Name/Taxi Cab Number (if possible) _____

Have you complained to this Company/ and or person(s) involved? Yes No

To whom? _____

What was their response? _____

Please explain the entire circumstances surrounding your complaint on the reverse side (**be specific**) ex:
Date, Time, Location/ was there a witness.

I verify that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief.

Signature of Complainant

Date