AUSTIN TRANSPORTATION DEPARTMENT
GROUND TRANSPORTATION ENFORCEMENT
COMPLAINT FORM

PERSON MAKING COMPLAINT

Name: _____

Address: _____

Home Phone: _____Work Phone: _____ Email_____

FILING COMPLIANT AGAINST (provide as much information as possible)

Company Name: _____

Operator name: _____

Type of Vehicle: _____ Vehicle ID #: _____

taxi, limousine, etc. taxi #, license plate#, etc.

Description of Vehicle: _____

make, model, year, color, etc.

WITNESS:

Name: _____

Address: _____

Home Phone: _____Work Phone: _____

Name: _____

Address: _____

Home Phone: _____Work Phone: _____

DETAILS OF COMPLAINT (attach additional sheet if necessary)

Date of Incident: _____ Time of Incident: _____

Description of Incident: _____

_____

_____

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_____

The preceding information is true and correct to the best of my knowledge and belief.

Date: _____ Signature:_____

8/4/11