

LICENSING COMPLAINT FORM (CONFIDENTIAL)

| DETAILS OF PERSON MAKING THE COMPLAINT | |
|---|--|
| Name of Complainant | |
| Address of Complainant | |
| Telephone Number | |
| Email Address | |
| INCIDENT DETAILS | |
| Summary of Complaint | |
| Name of driver or vehicle registration | |
| Date of Incident | |
| Time of Incident | |
| <p style="text-align: center;">Details of Complaint</p> <p><i>(Please describe what happened/concerns being raised in as much detail as possible to assist investigation of your complaint. Also please give any other relevant information e.g. colour/make/model of vehicle, route taken, fare charged)</i></p> | |
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