TAXICAB COMMISSION
CITY HALL – ROOM 104
ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
(914) 665-2351

CONSUMER COMPAINT FORM

Date of Incident_____

Place of Incident_____

Taxi Company_____

Driver Name/
Badge Number (If Known):_____

EXPLANATION OF INCIDENT

COMPLAINANT INFORMATION

Name of Complainant: _____

Address: _____

City_____ State: _____ Zip: _____

Telephone No. (Day)(_____)_____

(Evening)(_____)_____

Email Address: _____