

GEORGIA DEPARTMENT OF PUBLIC SAFETY MCCD REGULATORY COMPLIANCE P.O. BOX 1456 ATLANTA, GEORGIA 30371-1456 PHONE: (404) 624-7243 FAX: (404) 624-7246 EMAIL: <u>hb225@gsp.net</u> WEBSITE: <u>www.gamccd.net</u>

For-Hire Transportation Services Complaint Form

(Taxi Services and Ride Share Network Services)

For DPS Personnel Only					
Date Recei	<u>ved:</u>			Received By:	
<u>Sent By:</u>	Mail 🗆	Fax 🗆	Email 🗆	Complaint #:	

Party Filing Complaint

Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Ce	Il Phone:	

Taxi Service or Ride Share Network Service Information

Company Name:						
Business Address:						
City:	(State:				Zip Code:
Phone:			Passer	nger C	Carrier ID #:	
Driver's Name: (If applicable)					icle Unit #:	
	Vehic	le Informatio	on (If app	olicable	e)	
Make:	Model:			ear:	_	Tag:
Vehicle Type:	Passenger Vehicle ם	Limousine	<u> </u>	JV 🗆	Shuttle Bus	s u Van u



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Date of incident:			transportation services actually Ye led to you?			No 🗆
What was the Origin (List City & State)	& Destination of you	ur trip?				
If applicable, what w	as the name of the o	company's				
If applicable, what was the name of the or representative that arranged your trip?		ompany o				
Complainant Signature:				Date:		
	Δtt	achment(s)	sent with complain	t-		
	of Receipt and/or Invoi	ice 🗆 C	orrespondences	Other Doc	cuments	Not Applicable
Nature of your comp	laint, please be as d	letailed as	possible:			
			•			



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