



**GEORGIA DEPARTMENT OF PUBLIC SAFETY**  
**MCCD, REGULATIONS COMPLIANCE**  
**P.O. BOX 1456**  
**ATLANTA, GEORGIA 30371**  
**Phone: (404) 624-7244**  
**FAX: (404) 624-7246**  
[www.gamccd.net](http://www.gamccd.net)

**Passenger Carrier (motor coach, bus, limousine) Complaint Form**

**Person Filing Complaint**

<b>NAME</b>					
<b>ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>		<b>ZIP</b>	
<b>PHONE</b>			<b>Cell phone</b>		
<b>EMAIL</b>					

**PASSENGER CARRIER INFORMATION**

<b>COMPANY NAME</b>					
<b>ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>		<b>ZIP</b>	
<b>PHONE</b>			<b>EMAIL</b>		
<b>USDOT #</b>					
<b>DRIVER'S NAME (if applicable)</b>					

<b>What was the date of the incident?</b>			
<b>Was a transportation service <u>actually</u> provided to you?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is your complaint relative to a trip that occurred entirely within Georgia?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>What was the Origin &amp; Destination of your trip? (List City &amp; State)</b>			
<b>If so, what type of vehicle was used by the company?</b>		<input type="checkbox"/> Limousine <input type="checkbox"/> SUV <input type="checkbox"/> Bus <input type="checkbox"/> Shuttle/Van <input type="checkbox"/> Motor coach <input type="checkbox"/> Other (Specify):	
<b>What was the name of the company representative that arranged your trip?</b>			
<b>If so, what type of vehicle was used by the company</b>		<input type="checkbox"/> Limousine <input type="checkbox"/> Shuttle or Bus	
<b>Did the company charge you by the vehicle or per person transported?</b>		<input type="checkbox"/> Per Person <input type="checkbox"/> Charter/Flat rate	
<b>Signature</b>		<b>Date</b>	
<b>For Department Use Only</b>			
<b>DATE RECEIVED</b>			
<b>RECEIVED BY:</b>			
<b>ASSIGNED TO</b>			
<b>MCA NUMBER</b>			
<p><b><i>Please describe the nature of your complaint below. Please be detailed in your comments. Also, please submit copies of all photographs, invoices, bills of lading, addendums, receipts, and other relevant correspondence with your complaint. The more information you provide, the better we can serve you. <u>Please Fax to (404) 624-7246. (If you attach a typed letter, please sign and date the letter).</u></i></b></p>			



