

TAXI COMPLAINT FORM

Name: (Ms/Miss/Mrs/Mr)

Address:

Post Code:

Telephone N°

I wish to register a complaint, the details of which are below.

Details of complaint/incident:-

Day: **Date:** **Time:**

Vehicle Details (if known)

Hackney Carriage/Private Hire Vehicle/Other/Not Known *(Please delete as required)*

Reg N° **Plate N°**

Make/Type:

Driver details (if known)

Name: **Badge N°**

Operator/Firm Name:

Nature of complaint (continue overleaf if necessary)

.....
.....
.....
.....

I am/am not prepared to attend Magistrates Court or Council meeting as a witness.

Signed: **Date:**

West Wiltshire District Council
Environmental Health Department
Licensing Section
Bradley Road
TROWBRIDGE
Wilts BA14 0RD

