

Merit Taxi Inc.

Taxi Complaint Form

Date: _____

Name: _____ (First) _____ (Last)

Phone #: _____ ()C ()H Best Day/Time to Call: _____ ()A ()P

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

In what form do you prefer us to contact you? _____

Taxi Company: _____ Service Type: _____ (Taxi etc)

Taxi Number: _____ Taxi Permit: _____

Driver Description: _____ Driver Ethnicity: _____

Date of Incident: _____ Time of Incident: _____ ()A ()P

Location of Incident: _____

Detailed Complaint: _____

Use additional paper if more space is needed