



Date	_____
Tracking Number	_____

## FOR HIRE VEHICLE COMPLAINT

**PLEASE NOTE:** The Taxicab and For Hire Bureau (the “Bureau”), a division of the Department of Safety and Permits regulates the permitting and processing of all taxicab and for hire vehicles within the City of New Orleans. The Bureau has the authority to fine, suspend or revoke the permits of drivers of for hire vehicles in the City of New Orleans. The Bureau cannot provide legal advice or services.

**INSTRUCTIONS:** Please type or print clearly in ink, fill out all applicable sections of this form completely and accurately, attach legible copies of documents relating to your complaint which may include any documents you believe may support or explain your complaint. Please return this completed form, together with a photocopy of your government issued identification document (i.e., Driver’s License, Passport, State Identification Card, etc.). You must provide all information which you know or can discover with reasonable investigation. For assistance in filling or filing this Complaint, contact the Bureau. If more space is needed, attach extra sheets.

### COMPLAINANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Other Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

### COMPLAINT SUBJECT INFORMATION (FIRM OR PERSON ABOUT WHOM COMPLAINT IS BEING FILED)

Name \_\_\_\_\_

Company Name \_\_\_\_\_

CPNC Number (if applicable/known) \_\_\_\_\_ Permit (if applicable/known) \_\_\_\_\_

Cab or Tour Line (if applicable/known) \_\_\_\_\_

### INCIDENT INFORMATION

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Approximate incident location \_\_\_\_\_

Pick Up Location (if applicable) \_\_\_\_\_

Drop Off Location (if applicable) \_\_\_\_\_

I \_\_\_\_\_ have \_\_\_\_\_ have not (check one) contacted the person(s) or company to complain about and attempt to resolve this matter.

Person(s)/company Contacted	Date
_____	_____
_____	_____
_____	_____

Results:



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### INCIDENT INFORMATION (Cont.)

I \_\_\_\_\_ am \_\_\_\_\_ am not (check one) willing to appear under oath as a witness, subject to cross-examination concerning the allegation made in this Complaint. (The Complainants unwillingness to testify may be the basis for dismissal of the Complaint after its investigation and preliminary consideration.)

Please provide a detailed statement of the factual allegations upon which your Complaint is based: (In your own words, state all of the facts which relate to your Complaint, providing dates and places. Please be specific and provide as much information as you can. You may attach extra sheets.) Please include any specific statutory or regulatory violations you are alleging if known.

**Please attach clear copies of all pertinent documents and papers (i.e., receipts, photographs, etc.) which directly or indirectly relate to this Complaint, including a photocopy of your government issued identification document (i.e., Driver's License, Passport, State Identification Card, etc.).**

### ACKNOWLEDGEMENTS

By signing this Complaint, I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I have provided are true. I understand a copy of this Complaint may be given to any person or firm against whom I have complained.

Signature \_\_\_\_\_ Date \_\_\_\_\_