

**Public Service Commission
Transportation Division
6 St. Paul Street
Baltimore, Maryland 21202
(410) 767-8128
Fax (410) 333-6088**

Formal Complaint Form

This section is to be filled out by the complainant. Fill out as much information as you can.

Your name _____

Your complete address _____

If you are not the complainant, please provide your name and the reason why the complainant cannot complete this form _____

Your telephone number _____

Name of company you are complaining about _____

Driver's name and badge
number _____

Taxicab number (from side of cab) _____

License tag number(if not a taxicab) _____

Date and time of incident _____

Location of incident _____

Describe in detail your complaint _____

(See Reverse Side)

