



VILLAGE OF PORT CHESTER

Village Clerk

222 Grace Church Street, Port Chester, New York 10573

Phone (914) 939-5202 • Fax (914) 305-2560

Clerk@PortChesterNY.gov • www.portchesterny.gov

TAXI COMPLAINT FORM

To Be Completed by Complainant

COMPLAINANT NAME (FIRST M. LAST):

STREET ADDRESS

SUITE / APT.

COMPLAINANT TELEPHONE MOBILE NO.:

MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS

SUITE / APT.

COMPLAINANT TELEPHONE WORK NO.:

CITY:

STATE:

ZIP CODE:

COMPLAINANT TELEPHONE HOME NO.

E-MAIL:

TAXI COMPANY NAME

TAXI #

DRIVER'S NAME

DRIVER'S LICENSE #

DATE OF INCIDENT

TIME OF INCIDENT

LOCATION

- AM
 PM

- Driver refused to pick up passenger
 Driver operated vehicle in reckless manner
(e.g. speeding, passed red light, passed a Stop Sign, road rage, etc.)
 Discourteous, including verbal abuse
 Driver overcharged fares established by Code.
Total fare \$_____ Amount overcharged \$_____

- Driver did not give correct change
 Driver picked up other passenger(s)
without permission of passenger(s) in cab
 Driver failed to take direct route
 Driver refused to give fare receipt
 Taxi cab interior in dirty (unsanitary) condition

Please provide description of complaint: (Use back of complaint form if necessary)

I hereby certify that the information contained herein are true.

COMPLAINANT SIGNATURE:

DATE:

Office Use Only

Individual receiving report

Date Received

Time Received