



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
 BUREAU OF PUBLIC TRANSPORTATION
 REGULATORY & COMPLIANCE UNIT

DOT Use Only CASE NUMBER: DATE Received:

Complaint Against Taxi Or Livery Service
 PLEASE PRINT

YOUR NAME:		TEL #1	TEL #2
STREET	TOWN / CITY	STATE	ZIP
I MAKE THE FOLLOWING STATEMENT / COMPLAINT, WITHOUT FEAR, THREAT, OR PROMISE. IN DOING SO, I ACKNOWLEDGE AND UNDERSTAND THAT ANY STATEMENT(S) MADE HEREIN WHICH I DO NOT BELIEVE TO BE TRUE, AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION, IS A CRIME UNDER C.G.S. SECTION 53a-157.			

NAME of TAXI or LIVERY COMPANY:	DATE OF INCIDENT:	TIME OF INCIDENT:
LOCATION WHERE SERVICE BEGAN (Origin):	LOCATION WHERE SERVICE ENDED (Destination):	
Vehicle Registration Number (If Known):	DRIVER NAME (If Known):	TYPE OF SERVICE: <input type="checkbox"/> TAXI <input type="checkbox"/> LIVERY <input type="checkbox"/> INTERSTATE (Connecticut to/from outside of Connecticut) <input type="checkbox"/> INTRASTATE (Connecticut Only)

NATURE OF COMPLAINT:

BY AFFIXING MY SIGNATURE TO THIS STATEMENT, I ACKNOWLEDGE THAT I HAVE READ IT AND/OR HAD IT READ TO ME AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
COMPLAINANT'S SIGNATURE:	DATE:

PLEASE USE ADDITIONAL SHEETS IF NECESSARY. IF POSSIBLE, PROVIDE COPIES OF ANY RECEIPTS OR SUPPORTING DOCUMENTATION. PLEASE DO NOT SEND ORIGINALS.

Please complete, print and mail: CONNECTICUT DEPARTMENT OF TRANSPORTATION
 Bureau of Public Transportation, Regulatory and Compliance Unit
 P.O. Box 317546
 2800 Berlin Turnpike
 Newington, Connecticut 06131-7546

This form can also be faxed: 860-594-2859

Or e-mailed (on this form): dot.taxi_livery_complaints@ct.gov