

PUBLIC TRANSPORTATION CUSTOMER SATISFACTION FORM

This form is to be used to file a complaint or give a good comment about a taxi, shuttle, bus, tour or limousine hired transportation service you received or requested. The information that you provide on this form will be reviewed by the Director of Taxi and Livery Commission, and he/she may conduct an Administrative Hearing to resolve the complaint.

Reference: Road Traffic (Taxi and Livery Commission) Regulations, r. 19(1)

PERSONAL INFORMATION				
I AM:	PASSENGER	OPE	RATOR	☐ AGENCY
NAME:				
YOUR CONTACT INFORMATION				
ADDRE	SS:			
PHONE	:	EMAIL:		
COMPLAINT/COMMENT INFORMATION				
NAME OF OPERATOR/DRIVER:				
COMPANY: (eg; Abc Taxi & Tours)				
LICENSE PLATE NUMBER:			DATE OF OCCURRENCE:	
LOCATION: (Island, Airport, Ferry Dock, Neighborhood, etc.)				
JOB/ROUTE: (eg; Airport to Huntum's Ghut)				
DESCRIPTION OF PROBLEM/COMPLAINT/COMMENT (Please record as fully as possible the facts and circumstances surrounding the claimed situation. Use additional sheet of paper when necessary)				
SICNIAT	TIDE:			DATE:
SIGNATURE:				DATE