



VEHICLE FOR HIRE COMPLAINT FORM



PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

PERSON MAKING COMPLAINT:

Complainant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Work: _____ Home: _____ Mobile: _____

Email: _____

Would you like to be contacted regarding the outcome of your complaint? Yes No

FILING COMPLAINT AGAINST (provide as much information as possible)

Company Name: _____ Vehicle or Permit #: _____

Driver's Name: _____ Type of Service: _____

Description of Vehicle (make, model, year, color, etc.): _____

DETAILS OF COMPLAINT:

Date: _____ Time: _____ Location: _____

The foregoing is true and correct to the best of my knowledge and belief.

Executed in _____ County, State of _____, on the _____ day of _____ (month) _____ (year).

Complaining Party Signature

Please send your form via:

Fax: 832-395-9632

Email: taxicomplaints@houstontx.gov

Mail: City of Houston / ATTN: Nikki Cooper / 1002 Washington Ave., 1st Floor / Houston, TX 77002