



COMPLAINT FORM

In relation to Hackney Carriage / Private Hire vehicle proprietors, drivers and operators.

Please give as much information as possible to identify the person complained against and the vehicle they were driving.

Complainant/aggrieved person

(It may be necessary to obtain further information from you, or record a formal witness statement, where appropriate).

Title: Mr/Mrs/Miss/Ms/Other (specify)*

Surname:

Forename(s):

Address:

.....

..... Postcode:

Telephone number Email:

Preferred contact:

Driver

(Please provide as much information as you can to aid identification – licensed vehicles are often 'shared' by more than one licensed driver)

Name:

Driver's licence (badge) number:
(this should be worn by the driver)

Description:

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(consider age, build, hair, skin colour and other features such as glasses and facial hair etc)

Vehicle

(Please provide as much information as you can - licensed vehicles from other areas, for example, may display different plates and signage to those in York)

Make: Model:

Registration number: Colour:

Hackney Carriage/ Private Hire licence plate number:.....
(this is normally affixed to the rear (Hackney Carriage) or both front and rear (Private Hire)of the vehicle)

Plate colour:

Did the vehicle have a 'taxi' roof sign?: Yes/No/Don't know *

Operator/company (booking office)

(please provide as much information as you can about the operator and any subsequent dealings you may have had with them)

Name of operator:
(if known / applicable)

Have you complained to the operator?: Yes/No * If yes, on what date?:

Was your complaint in writing?: Yes/No * If yes, have you received a written reply?: Yes/No*

Please submit copies of any correspondence sent and/or received in relation to your complaint with this form, if possible.

Complaint

(please provide as much information as you can regarding the circumstances surrounding your complaint)

Date and Place of incident:.....

Journey (if applicable) from: to:

Were you a paying passenger?: Yes/No * Did anybody else witness the incident?: Yes/No *

Did you obtain a receipt for the journey?: Yes/No * (if yes, please attach a copy, if possible)

* delete as applicable

How have you been affected by this action?:

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Please provide any additional information you may feel is relevant (such as further witnesses, for example)

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Signature of person making complaint:

Please complete and return this complaint form, together with any correspondence or other documentation in relation to your complaint to:

**Taxi Licensing
Licensing and Regulation Unit
City of York Council
9 St Leonard's Place
York
YO1 7ET**

**Telephone: 01904 551438
email: taxi.licensing@york.gov.uk**

Your complaint will be acknowledged in writing within ten working days. If appropriate, a further reply will be given when the matter has been fully investigated.

Please be aware that it may be necessary to disclose your details to the person being complained about should there be a need to take the matter further.

Any personal information supplied on this form will be processed in accordance with the Data Protection Act 1998. If you want to find out more about your rights under the Act, you can contact the Office of the Information Commissioner (tel: 01625 545700, email: www.dataprotection.gov.uk)