



COMPLAINT FORM

Please Complete and either Post to PO Box 14147 Tauranga 3143 or Fax to 07 578 6085

COMPLAINANT CONTACT DETAILS

Full Name: _____

Address: _____

Contact Phone: _____ (Home) _____ (Bus) _____ (Email)

COMPLAINT DETAILS

Taxi Number: _____ Registration _____

Day: _____ Date: _____ Time: _____

Journey From: _____ to _____

Telephone Order: Yes No (Please circle one) Phone Number Called from _____

Hailed or engaged from a Taxi Rank: Yes No (Please circle one)

Full details of complaint (Please print clearly – Continue on back of this page if necessary)

For Office Only

Complaint Received By : _____ Position : _____ Date: ___/___/___

Response By : _____ Position : _____ Date: ___/___/___

Method Letter Phone Fax Email In Person (please circle one)

Police / Traffic Authorities Notified Yes No NA (please circle one)

Please attach original written complaint Yes No NA (please circle one)

Please attach response Yes No NA (please circle one)

Copy attached to Drivers File Yes No NA (please circle one)