

HACKNEY CARRIAGE AND PRIVATE HIRE COMPLAINT FORM



1 Your details:

Title: _____ First Name: _____ Surname: _____

Address: _____

Post Code: _____ Daytime Tel No: _____

Email: _____

Please note that you may request that your details remain confidential, but your anonymity may prevent effective enforcement action being taken.

Do you wish your details to be withheld? Yes No

Would you be willing to appear before the Magistrates' Court or Licensing Committee to give evidence, if required? Yes No

2 Details of the Vehicle and Driver

Licensed vehicles have a licence plate on the rear and a licence identity sticker on the windscreen. Licensed drivers display an identity badge.

Type of Vehicle: _____ Registration No: _____

Plate Number: _____ No Passengers: _____

Drivers Name: _____ Badge Number: _____

Fare for journey: _____

Was a meter used to calculate the fare? Yes No

3 Location, Date and Time of Incident

Where did the incident occur? _____

When did the incident occur? (date) _____ (time) _____

4 **Details of Complaint**

Please give details of your complaint, including how you think it can be resolved.

4 Other Information

Did you book the journey in advance? Yes No

If so, which Operator did you book with?

Tel No: _____

Have you made the complaint to the company or proprietor with whom you made your booking? Yes No

If not, please give your reasons for not doing so: _____

If yes, please give a brief summary of their response: _____

Did any other person witness the incident? Yes No

If so, please provide their name and contact details:

Name: _____

Address: _____

Daytime phone No: _____ Email add: _____

Signed _____ Dated _____

Name (print) _____

6 Return of Form:

When completed, please return this form by email to: Licensingenvhealth@westsomerset.gov.uk

By post or in person to:

Licensing Unit, West Somerset Council, West Somerset House, Killick Way, Williton, Taunton, Somerset, TA4 4QA

For Office Use Only:

Date Received: _____ Ack: _____

Action/Result _____

Officer Dealing: _____

Date Notified to complainant: _____ Officer: _____