

# THE CITY OF POUGHKEEPSIE NEW YORK



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## *Taxi Cab Company Complaint Form*

### **Instructions:**

**Please type or print in black ink.**

**Explain the problem in detail; include all important information, such as dates, places, letters submitted to the Taxi Cab Company, witnesses, witness statements**

**Attach an additional sheet to explain the problem, if necessary. Keep all original supporting documents for your files.**

**Please complete the complaint form and return it to the City Chamberlain's Office.**

### **Your Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Taxi Cab Company Information**

Name of Taxi Cab Company \_\_\_\_\_

Taxi Driver Name/Taxi Cab Number (if possible) \_\_\_\_\_

Have you complained to this Company/ and or person(s) involved?  Yes  No  
To whom?

What was their response? \_\_\_\_\_

