

RETURN TO:
Public Vehicles Office
800 Evans St.
Cincinnati, OH 45204



TAXICAB COMPLAINT

TIME/DATE OF INCIDENT: _____

LOCATION: _____

COMPANY: _____

VEHICLE NUMBER: _____ **DRIVER ID NUMBER:** _____

COMPLAINT: _____

Below information to be completed by Public Vehicles Office

DRIVER'S COMMENTS: _____

REPORTED BY: _____

RECEIVED BY: _____

DRIVER: _____ **HEARING DATE:** _____

NOTIFIED: _____