STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF PUBLIC TRANSPORTATION
REGULATORY & COMPLIANCE UNIT

DOT Use Only
CASE NUMBER: _____
DATE Received: _____

Complaint Against Taxi, Livery or Household Goods (Moving Company) Service

PLEASE PRINT

			DATE:
YOUR NAME:		**HOME TELEPHONE** (000) 000-0000	**MOBILE TELEPHONE** (000) 000-0000
STREET	**TOWN / CITY**	**STATE**	**ZIP**

I MAKE THE FOLLOWING STATEMENT / COMPLAINT, WITHOUT FEAR, THREAT, OR PROMISE. IN DOING SO, I ACKNOWLEDGE AND UNDERSTAND THAT ANY STATEMENT(S) MADE HEREIN WHICH I DO NOT BELIEVE TO BE TRUE, AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION, IS A CRIME UNDER C.G.S. SECTION 53a-157.

NAME of TAXI, LIVERY OR MOVING COMPANY:	**DATE OF INCIDENT:**	**TIME OF INCIDENT:**
LOCATION WHERE SERVICE BEGAN (Origin):	**LOCATION WHERE SERVICE ENDED (Destination):**	

NATURE OF COMPLAINT:

Vehicle Registration Number *(If Known)*:	**DRIVER NAME** *(If Known)*:	**TYPE OF SERVICE:** ( ) **TAXI** ( ) **LIVERY** ( ) **MOVING**	( ) **INTERSTATE (Connecticut to/from outside of Connecticut)** ( ) **INTRASTATE (Connecticut Only)**

BY AFFIXING MY SIGNATURE TO THIS STATEMENT, I ACKNOWLEDGE THAT I HAVE READ IT AND/OR HAD IT READ TO ME AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

COMPLAINANT'S SIGNATURE: ☐ Check this box in lieu of signature for electronic submission of this form.	**DATE:**

PLEASE USE ADDITIONAL SHEETS IF NECESSARY. IF POSSIBLE, PROVIDE COPIES OF ANY RECEIPTS OR SUPPORTING DOCUMENTATION. PLEASE DO NOT SEND ORIGINALS.

Please complete, print and mail:

CONNECTICUT DEPARTMENT OF TRANSPORTATION
Bureau of Public Transportation, Regulatory and Compliance Unit
P.O. Box 317546
2800 Berlin Turnpike
Newington, Connecticut 06131-7546

Reset Form

Submit Form via Email

This form can also be faxed to 860-594-2859 or e-mailed to dot.taxi-livery-complaints@ct.gov

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