



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

YOUR NAME:			HOME TELEPHONE	MOBILE TELEPHONE
STREET		TOWN / CITY	STATE	ZIP
EMAIL ADDRESS (REQUIRED)				
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:	() INTERSTATE (Connecticut to/from outside of Connecticut)
		() TAXI () LIVERY () MOVING	() INTRASTATE (Connecticut Only)

BY AFFIXING MY NAME 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 AFFIRMATION:	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

OR fax this form to 860-594-2859
 OR e-mail to dot.taxi-livery-complaints@ct.gov