



GEORGIA DEPARTMENT OF PUBLIC SAFETY
MCCD REGULATORY COMPLIANCE
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For-Hire Transportation Services Complaint Form

(Taxi Services and Ride Share Network Services)

<i>For DPS Personnel Only</i>	
Date Received:	Received By:
Sent By: Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>	Complaint #:

Party Filing Complaint

Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Cell Phone:		

Taxi Service or Ride Share Network Service Information

Company Name:			
Business Address:			
City:	State:	Zip Code:	
Phone:	Passenger Carrier ID #:		
Driver's Name: <i>(If applicable)</i>	Vehicle Unit #: <i>(If applicable)</i>		
<u>Vehicle Information</u> <i>(If applicable)</i>			
Make:	Model:	Year:	Tag:
Vehicle Type:	Passenger Vehicle <input type="checkbox"/>	Limousine <input type="checkbox"/>	SUV <input type="checkbox"/> Shuttle Bus <input type="checkbox"/> Van <input type="checkbox"/>

