



GEORGIA DEPARTMENT OF PUBLIC SAFETY
MCCD, REGULATIONS COMPLIANCE
 P.O. BOX 1456
 ATLANTA, GEORGIA 30371
 (404) 624-7244 OR (404) 624-7241
 FAX: (404) 624-7246
www.gamccd.net

Passenger Carrier (motor coach, bus, limousine) Complaint Form

Person Filing Complaint

NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE			Cell phone		
EMAIL					

PASSENGER CARRIER INFORMATION

COMPANY NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE			EMAIL		
USDOT #					
DRIVER'S NAME (if applicable)					

What was the date of the incident?			
Was a transportation service <u>actually</u> provided to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your complaint relative to a trip that occurred entirely within Georgia?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What was the Origin & Destination of your trip? (List City & State)			
If so, what type of vehicle was used by the company?		<input type="checkbox"/> Limousine <input type="checkbox"/> SUV <input type="checkbox"/> Bus <input type="checkbox"/> Shuttle/Van <input type="checkbox"/> Motor coach <input type="checkbox"/> Other (Specify): _____	
What was the name of the company representative that arranged your trip?			
If so, what type of vehicle was used by the company		<input type="checkbox"/> Limousine <input type="checkbox"/> Shuttle or Bus	
Did the company charge you by the vehicle or per person transported?		<input type="checkbox"/> Per Person <input type="checkbox"/> Charter/Flat rate	
Signature		Date	
For Department Use Only			
DATE RECEIVED			
RECEIVED BY:			
ASSIGNED TO			
MCA NUMBER			
<p><i>Please describe the nature of your complaint below. Please be detailed in your comments. Also, please submit copies of all photographs, invoices, bills of lading, addendums, receipts, and other relevant correspondence with your complaint. The more information you provide, the better we can serve you. <u>Please Fax to (404) 624-7246. (If you attach a typed letter, please sign and date the letter).</u></i></p>			

