COMPLAINT FORM

Your feedback is important. Please complete the form below to report any concerns regarding a taxi service.

1. Your Details

(We may contact you for further information. Your personal data will be handled in line with data protection laws.)

Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____

_____

_____

2. Journey Details

Date of Journey: _____

Time of Journey: _____

Pick-Up Location: _____

Destination: _____

Taxi Plate Number (if known): _____

Taxi Company (if known): _____

Driver's Name (if known): _____

3. Nature of Complaint

(Please tick all that apply)

☐ Overcharging / Incorrect Fare

☐ Rude or Unprofessional Behaviour

☐ Unsafe Driving

☐ Vehicle Condition

☐ Refusal of Service

☐ Other (please specify): _____

4. Description of Complaint

(Please provide a detailed description of the incident)

_____

_____

_____

_____

_____

5. Supporting Evidence (if applicable)

Please attach any supporting evidence, e.g., photos, receipts, screenshots, etc.

☐ Receipt

☐ Photo

☐ Screenshot

☐ Other: _____

6. Desired Outcome

(What would you like to happen as a result of this complaint?)

_____

_____

7. Declaration

☐ I confirm that the information I have provided is true to the best of my knowledge.

Signature: _____

Date: _____