



Taxi Licensing Complaint Form

Your Details			
Mr/Mrs/Miss/Other:			
First Name		Family Name	
Your Address:			
Postcode:			
Daytime contact phone number:			
E Mail Address:			
Your vehicle licence/registration number (if you are a taxi/private hire vehicle driver only)		Your drivers licence/badge number (if you are a taxi/private hire vehicle driver only)	

About your complaint			
Details of Taxi Driver/Firm:			
Taxi firm/company name:			
Vehicle licence/registration number		Drivers badge number	
Date & Time of incident		Location of incident	

Please provide as much detail as you can for example, dates and the names of individuals you may have come across in relation to your complaint. Please attach any documents you consider relevant to your complaint.

Signature (Signed by the person making the complaint)

Print name

Date:

Personal Data

All personal data is collected and processed in line with the Data Protection Act 1998) Personal information requested through this form will not be sold to any third party. However the District Council is under a duty to protect the public funds it administers and to this end may use any information you provide for the prevention and detection of fraud. It may also share this information with other bodies responsible the auditing or administering public funds for these purposes.

Please send this form to:

The Licensing Officer, Community Services, Derbyshire Dales District Council, Town Hall, Matlock, Derbyshire, DE4 3NN.

