

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF FOR-HIRE VEHICLES**

2235 Shannon Place SE, Washington, DC 20020, 2nd Floor Suite 2001 PHONE:  
(202) 645-6018/855-484-4966, FAX: (202) 889-3604, www.dfhv.dc.gov

**PAYMENT SERVICE PROVIDER (PSP) COMPLAINT FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PRIMARY TELEPHONE: \_\_\_\_\_ MOBILE TELEPHONE: \_\_\_\_\_

FACE ID: \_\_\_\_\_ H-TAG: \_\_\_\_\_ PVIN: \_\_\_\_\_

PSP NAME: \_\_\_\_\_ TAXICAB COMPANY NAME: \_\_\_\_\_

TYPE OF COMPLAINT (check all boxes that apply):

Payment     Incorrect fare     Hardware failure     Other

FOR PAYMENT AND INCORRECT FARE COMPLAINTS ONLY: please provide the following information and attach all receipts and other supporting documents.

TOTAL AMOUNT OWED/DISPUTED: \_\_\_\_\_

DATE(S) FOR THE AMOUNT IS OWED: FROM \_\_\_\_\_ TO \_\_\_\_\_

DESCRIPTION OF COMPLAINT (Please include a description of your complaint, and the date(s) of your efforts to resolve your complaint with the PSP, if any, including the name of any person you have contacted at the PSP).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I AFFIRM THAT ALL INFORMATION PROVIDED ON THIS FORM AND IN THE SUPPORTING DOCUMENTS I HAVE SUBMITTED (IF ANY) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

*Making a false statement on this form may subject you to criminal and civil penalties, including a \$500 civil fine and license suspension as provided in Title 31 of the D.C. Municipal Regulations.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Official Use Only:**  
RECEIVED BY AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_