

District of Columbia Taxicab Commission

Complaint Form



Use this Complaint Form to file against a driver or owner regarding taxicab services **within** the District of Columbia.

Use the Washington Metropolitan Transit Commission Complaint Form to file a complaint about a DC licensed taxicab interstate **taxicab trip** between points in the Washington Metro Area. This includes trips from the District to Montgomery and Prince George's Counties in Maryland, Fairfax and Arlington Counties in Virginia, the cities of Alexandria and Falls Church VA, and includes the airports: Ronald Reagan National, Dulles International BWI.

Fax this Form to (202) 889-3604 or mail it to: Taxicab Complaints -Office of Taxicabs
 DC Taxicab Commission
 2041 Martin Luther King Junior Avenue SE
 Suite 204
 Washington, DC 20020-7024

Complainant Information

Name		Daytime Telephone Number	
Address			
City	State	Zip	E-mail

Taxi Information Provide as much information about the taxicab and driver as you can. Missing information may prevent the Commission from identifying the driver and resolving your complaint.

Taxi Company's Name	Taxi Number
Taxi License Plate	Driver's Hack License Number

Trip Information

Origin Address		
Destination Address		
City	State	
Were any stops made en route?	En route stop address	
Trip Date	Time of Departure	Was the taxi hailed or dispatched?
Total number of passengers in vehicle	Number of child passengers. List their age(s)	
Driver time spent waiting for passengers (if applicable)		
Number of pieces of luggage (list bags and trunks separately)		
Did the driver handle any bags on your behalf?		
Fare paid to driver (Attach a copy of your receipt if one was provided)		

(OVER)

