



GOVERNMENT OF THE DISTRICT OF COLUMBIA

TAXICAB COMMISSION - OFFICE OF TAXICAB

2235 Shannon Place SE Suite 3001, Washington, D.C. 20020

Phone: 202-645-6018 Fax: 202-889-3604 Email: dctc@dc.gov Website: www.dctaxi.dc.gov

PAYMENT SERVICE PROVIDER (PSP) COMPLAINT FORM

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PRIMARY TELEPHONE: _____ MOBILE TELEPHONE: _____

DCTC 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 (DCTC): _____

DATE: _____