

# METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



**Transportation Licensing Commission**  
939 Dr. Richard G. Adams Dr.  
P.O. Box 196300  
Nashville, Tennessee 37207-4737  
615-862-6777 Fax: 615-862-6765

## TLC Complaint

(Revised February 1, 2020)

Complainant/Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Email \_\_\_\_\_

Are you permitted to operate or own any vehicle subject to TLC Rules and Regulations?      Yes      No

If you answered "yes" to the question above, list the type of permit you have and the company you work for:

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Date/Time of the Incident \_\_\_\_\_  
(Violation date must have occurred no more than 30 days prior to the filing of this complaint to be actionable)

Location of the Incident \_\_\_\_\_

Metropolitan Code Section Violated \_\_\_\_\_  
(If a Code section is not cited, your complaint will not be processed.)

Description of the Incident (use reverse or additional sheets, if needed) \_\_\_\_\_

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

Describe the vehicle/operator involved (if applicable) \_\_\_\_\_

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

License Number \_\_\_\_\_ Taxicab/Wrecker/Limo Number \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Form must be signed, or it will not be processed)

**Return form to Commission Address shown above**