TLC Complaint
(Revised June 20, 2018)

Complainant _________________________________________________________ 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:
_________________________________________________________________________________________________.
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