



Taxi Complaint/Compliment Form

Date:			
Customer Information	Name:		
	Street Address:		
	City:	State:	Zip Code:
	Phone Number:		
	E-mail Address:		
Incident Date and Time:			
Incident Location:			
Taxi Driver Name and Company:			
Please describe the incident or concern:			
Was there a Police Incident Report?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like us to follow up with you?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please submit to: **Marin County Tax Regulation Program**
555 Northgate Drive, Suite 102
San Rafael, CA 94903

Or

E-mail to: bbrown@marinjas.org