

# Passenger Complaint Form

Vehicle ID / License Plate: \_\_\_\_\_

Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time of Incident: \_\_\_\_ : \_\_\_\_ AM / PM

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## Passenger Information (optional)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ |

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## Complaint Details

Please describe the nature of your complaint (check all that apply):

- Late or Missed Pickup
- Unsafe Driving or Behavior
- Vehicle Condition or Cleanliness
- Driver Conduct / Professionalism
- Wheelchair Lift / Equipment Issue
- Overcharging or Billing Issue
- Other (please specify): \_\_\_\_\_

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## Detailed Description of the Complaint

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## Resolution Requested

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Passenger Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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*Thank you for helping us improve our services. We will respond to your complaint promptly.*