Taxi Compliment or Complaint Form

Please use this form to share a compliment or a complaint about a taxicab experience in Wichita.

Name_____ Telephone_____

Address_____ ZIP_____

Are you willing to be identified if necessary? _____Yes _____No

(Unfortunately, it is very difficult to protect the anonymity of a complainant during a taxi service investigation. The service often originates or terminates at a complainant's home or work address. If you do not wish to be identified, the response options are much more limited.)

Date & time of service [required]: _____

Address from where service originated: _____

Taxi company [required]: _____

Taxicab number [required, if specific taxicab involved]: _____

Taxi driver name [if known]: _____

Taxi driver license number [if knows]: _____

Vehicle license plate number [if known]: _____

Description of action or activity that is generating this compliment/complaint: _____

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(Please write on the back of this form and/or attach a separate page if needed.)