

**PRIVATE HIRE/HACKNEY CARRIAGE
COMPLAINT SHEET**



Complainant Details

Name: (Mr/Mrs/Miss/Ms/Other) _____

Address: _____

_____ Postcode: _____

Contact Number(s): Home: _____ Work: _____

Mobile: _____ Email: _____

Do you wish to remain anonymous? Yes No

Signature: _____ Date: _____

Complaint Details

Day: _____ Date: _____ Time: _____

Vehicle Details (if known): Make/Type of Vehicle _____

Reg No: _____ Local Authority Licence No: _____

Driver Details (if known): Name: _____ Badge No: _____

Operator/Firm name (if known): _____

Details of Complaint: _____

_____ (continue on 2nd page if needed)

Please return the completed form to:

Licensing Team, Suffolk Coastal District Council, Melton Hill, Woodbridge, Suffolk IP12 1AU

Telephone Number: 01394 444802 or Email: licensing@suffolkcoastal.gov.uk

