



**IOWA CITY POLICE DEPARTMENT**  
410 EAST WASHINGTON STREET, IOWA CITY, IA 52240  
(319) 356-5275 FAX # (319) 356-5449

*"An Accredited Police Department"*



## **Taxicab Compliance Complaint Form**

**Complainant Name:** \_\_\_\_\_

**Complainant Address:** \_\_\_\_\_

**Complainant Phone #:** \_\_\_\_\_

**Please provide the details of the incident below.**

**Date incident took place:** \_\_\_\_\_

**Time incident took place:** \_\_\_\_\_

**Location incident took place:** \_\_\_\_\_

**Taxicab Company Involved:** \_\_\_\_\_

**Taxicab Driver Involved:** \_\_\_\_\_

**Nature of complaint:**

Cab Operation

Display of rate card

Display of Hours of Operation

Display of Complaint Procedure Card

Taxicab requirements (includes mechanical function of vehicle)

Other (describe)

**Describe the incident you are complaining about, providing as many details as possible (who, what, when, where, why, how – if you don't know names, provide descriptions).**

**Complainant signature** \_\_\_\_\_

**Date** \_\_\_\_\_