Overcharged Taxi Fare Complaint Form

| Your Name |
|-----------------------------|
| |
| Contact Information |
| |
| Date of Ride |
| |
| Pickup Location |
| |
| Drop-off Location |
| |
| Taxi Number / License Plate |
| |
| Fare Charged |
| |
| Expected/Normal Fare |
| |
| Describe the Incident |
| |
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