

GEORGIA DEPARTMENT OF PUBLIC SAFETY MCCD, REGULATIONS COMPLIANCE 320 CHESTER AVENUE, S.E., ATLANTA, GEORGIA 30316 (404) 463-3880 OR (404) 463-7741 FAX: (404) 463-4359 www.dps.georgia.gov

Passenger Carrier (motor coach, bus, limo) Complaint Form

Person Filing Complaint

| NAME | | | | |
|---------|-------|-----------|-----|--|
| ADDRESS | | | | |
| CITY | STATE | | ZIP | |
| PHONE | с | ell phone | | |
| EMAIL | | · | | |

PASSENGER CARRIER INFORMATION

| COMPANY NAME | | | | | | | | | | |
|-------------------------------|--|-------|------|-----|--|--|--|--|--|--|
| ADDRESS | | | | _ | | | | | | |
| CITY | | STATE | | ZIP | | | | | | |
| PHONE | | EN | IAIL | | | | | | | |
| USDOT # | | | | | | | | | | |
| DRIVER'S NAME (if applicable) | | | | | | | | | | |

| Is your com | plaint re | rela | ative | to a | a trip | o tha | at oc | cui | rrec | d er | ntir | ely | wit | hin | | | | |
|---|-----------|------|-------|------|--------|-------|-------------|-----|------|------------|------|-----|-------------|-----|--|------|--|------|
| Georgia? | | | | | | | | | Yes | 5 | 🗖 No | | | | | | | |
| What was the Origin & Destination of your trip? (List City & State) | | | | | | | · | | | | | | | | | | | |
| Signatura | | | | | | | | | | | | | | oto | | | | |
| Signature Date For Department Use Only | | | | | | | | | | | | | | | | | | |
| | | | | | | | <i>iepa</i> | | iiei | <i>n</i> c | /36 | ; 0 | <u>iiiy</u> | | | | | |
| DATE RECEIVED | | | | | | | | | | | | | | | | | | |
| RECEIVED | BY: | | | | | | | | | | | | | | | | | |
| ASSIGNED | - | | | | | | | | | | | | | | | | | |
| MCA NUME | SER | | | | | | | | | | | | | | | | | |
| Please describe the nature of your complaint below. Please be detailed in your comments. Also, please submit copies of all photographs, invoices, bills of lading, addendums, receipts, and other relevant correspondence with your complaint. The more information you provide, the better we can serve you. <u>Please Fax to (404)</u> <u>463-4359.</u> | | | | | | | | | | | | | | | | | | |
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