



**Taxi Licensing Complaint Form**

Please return this form to:  
Taxi Licensing Officer  
Streetscene  
Malton Depot  
Showfield Lane  
Malton YO17 6BT  
Tel: (01653) 600666

**Name & Address of complainant:**

**Contact Telephone Number:**

**Email Address:**

**Date and time of incident:**

**Details of complaint:** (please continue overleaf if required)

**Date form completed:**

**Print Name:**.....**Signature**.....

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**Action Taken on complaint**

**Officer dealing with complaint:**

**Complainant informed of result:**

**Comments:**