

State of California

Public Utilities Commission

Consumer Protection and Enforcement Division – Transportation Enforcement Branch

505 Van Ness Avenue

San Francisco, CA 94102

Fax: (415) 703-5882 Tel: 1-800-894-9444 E-Mail: CIU_INTAKE@cpuc.ca.gov

Passenger Complaint Form – Intrastate Transportation Only

This form is available for you to send a complaint about a passenger carrier to the Public Utilities Commission. Although the Commission may not be able to resolve specific disputes between consumers and passenger carriers, it can act against a company for violations of law.

How Do We Reach You?

Your Name: _____

Your Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone (with area code): _____

E-Mail Address: _____

Tell Us Your Complaint

Subject of Your Complaint:

Safety _____ Service _____ Overcharge _____ Loss or Damage _____ Other _____

Name of Company You Are Complaining About:

Street Address: _____

City: _____ State: _____ Zip: _____

TCP or PSC Number, if known: _____

Telephone (with area code): _____

Company Web Site: _____

Company E-Mail Address: _____

Are you claiming a refund or making a loss or damage claim? If so, provide the amount:

\$ _____

How Did the Company Initially Contact You? _____

Date and time transportation was provided: _____

Origin and Destination of your trip: _____

Name of driver and/or number of vehicle, if known: _____

Name(s) of other contact persons with company: _____

Briefly Explain Your Problem: _____

PLEASE INCLUDE COPIES OF ANY AND ALL WRITTEN DOCUMENTATION PERTAINING TO YOUR COMPLAINT (i.e., receipts, cancelled checks, credit card statements, business cards, letters, etc.)

FOR OFFICE USE ONLY TICTS # _____ Date Rec'd. _____ Inquiry Type W H T I L
PCN PCS Rep: Category: