State of California

Public Utilities Commission Consumer Protection and Safety Division – Transportation Enforcement Section 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 Rep: PCN PCS