

**Office Use Only**

Date Received : _____

Date Reviewed : _____

CYC : _____ Staff _____

**CITY OF LAGUNA HILLS
Dial-A-Taxi Program
COMPLAINT FORM**

Passengers Full Name: _____

Address: _____ Apt. # _____ Zip _____

Home Phone#: _____ Family Member: _____ Phone # _____

1. **Day/Date of Trip:** _____2. **Trip Destination:** _____

Address/Cross streets (if known) _____

3. Date/time call was **placed:** _____ / _____ For **Date/Time:** _____ / _____4. Time cab **arrived:** _____ Cab no.(if known) _____

5. If cab was **later than 30 minutes**, did you contact the Cab Company/complaint number at
(714)427-2555 to register a formal complaint? **YES**____ or **NO**____ (number is noted on
the back of the Dial-A-Taxi Photo ID card and noted in the User Policies/Service Guidelines)

Please explain the cab company's response: _____

Did a Cab Company Customer Service Representative contact you?

YES____ **NO**____ Explain __________

6. Please describe any **other complaints** you may have (e.g.) discourteous driver,
unclean vehicle, etc. _____

_____7. CYC/City Follow-up: __________

