



HACKNEY CARRIAGE AND PRIVATE HIRE

APPRECIATION / COMPLAINT FORM

(please delete where appropriate)

If this form is to be used as an Appreciation Form, please complete **Sections 1, 3, 9 and 10 ONLY**.

If this form is to be used for complaints about hackney carriages, private hire vehicles and their drivers/operators which are licensed by Boston Borough Council please complete **Sections 1 to 8**. On receipt of this form, one of the licensing team will investigate your complaint and may contact you to discuss it.

In some circumstances, it may be necessary for the matter to be reported to the Police, the Council's Regulatory & Appeals Committee or for the individual concerned to be prosecuted in the Magistrates Court. You may be asked to attend to give evidence.

Please refer to the guidance note for further information.

NB: we are unable to investigate any complaint unless the complainant's details are completed.

1	Your details:		
	Title:		First name:
	Surname:		
	Address:		
	Postcode:		
	Daytime telephone no:		
Email address:			

2	Please note that you may request that your details remain confidential, but your anonymity may prevent effective enforcement action from being taken.	
	Do you wish your details to be withheld?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Would you be willing to appear before the Magistrates' Court or Licensing Committee to give evidence if required?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

3	Details of the Vehicle and Driver <i>(Licensed vehicles have a licence plate on the rear of their vehicle. Licensed drivers will display an identity badge)</i>		
	Type of vehicle:		Plate no:
	Registration no:		Driver's badge no:
	Driver's name:		No. of passengers
	Fare for journey:		

4

Location, date and time of incident

Where did the incident occur?

Date of incident:

Time of incident:

Details of complaint

(Please give details of your complaint, including how you think it can be resolved)

5	Did you book the journey in advance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If so, which Operator did you book with?		
	Have you made the complaint to the company or proprietor with whom you made your booking?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If Yes, date of complaint:		
	If No, please give your reason for not doing so:		

6	Did any other person witness this complaint?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If Yes, please give their name and contact details:		
	Name:		
	Address:		
	Daytime phone no:		
	Email address:		

7	Please give any other information which may assist the investigation:

8	Signed:	Date:

When completed, please return this form to:

The Licensing Section
 Boston Borough Council
 Municipal Buildings
 West Street
 BOSTON
 Lincs
 PE21 8QR

Email: licensing@boston.gov.uk
 Tel: 01205 314214
 Fax: 01205 364604

9

Brief details of Appreciated Service received:

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10

Signed:

Date:

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FOR OFFICE USE ONLY

Action / Result:

Complainant notified:	Date: