



Myrtle Beach Police Department
 1101 Oak St
 Myrtle Beach SC, 29577
 Office (843) 918-1808
 Fax (843) 918-1833
Taxi Complaint Form

Last Name:		First:	
Day Number:		Night Number/ Cell :	
Are you willing to testify in court? Yes No			
Cab Number:		Cab Name:	Telephone #:
Make of Cab:		Tag :	Color:
Drivers Age/Sex:		Description of Driver:	
Time of Incident:	Date Of Incident:	Service: () Street () Hotel () Cab Stand () Airport () Phone () Other	
Address of Pick-up:			
Destination:			

Please fill in as much information as possible. The information is necessary to process your complaint. On the line provided below describe in detail the events that occur to cause your dissatisfaction with the taxicab. You may attach additional sheets if necessary.

By signing below, I certify that the above statement is true and correct to the best of my knowledge.

 Signature of person filing complaint

 Date

FOR OFFICIAL USE ONLY

Complaint Information

Date Complaint Received:

Time:

Officer's Initials:

Phone

Fax

Mail

Type Of Violation

Ordinance Section:

Owner Violation

Driver Violation

Equipment Violation

Explain: _____

Enforcement Action Taken

Citation

Medallion Removed / Suspended

Warning

Court Date & Time : _____

Explanation of

Violation: _____

Disposition: _____

Officer's Signature

Date