

State of California

Public Utilities Commission

News and Outreach Office – Consumers Affair Branch

505 Van Ness Avenue

San Francisco, CA 94102

Fax: (415) 703-1158 Tel: (800) 649-7570 E-Mail: [Consumer-Affairs@cpuc.ca.gov](mailto:Consumer-Affairs@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 CIMS # \_\_\_\_\_ Date Rec'd. \_\_\_\_\_ Inquiry Type W H T I L  
PCN PCS Rep: Category: