

**MEGAN BARRY**  
MAYOR



# METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

**Transportation Licensing Commission**  
939 Dr. Richard G. Adams Dr.  
P.O. Box 196300  
Nashville, Tennessee 37207-4737  
615-862-6777 Fax: 615-862-6765

## Consumer Complaint

(Revised March 20, 2013)

Complaint \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Nature of the Complaint \_\_\_\_\_

Date/Time of the Incident \_\_\_\_\_

Location of the Incident \_\_\_\_\_

Description of the Incident (use reverse or additional sheets, if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the vehicle/operator involved (if applicable) \_\_\_\_\_

License Number \_\_\_\_\_ Taxicab/Wrecker/Limo Number \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Form must be signed, or it will not be processed)

**Return form to Commission Address shown above**