

Pennsylvania Public Utility Commission

MOTOR CARRIER COMPLAINT FORM

If you have a complaint with a household goods carrier, passenger carrier (except taxis), or trucking company, please use this form to file a complaint. **Please print or type all information.** To file a complaint against a taxi, call the District Office nearest you to obtain a Taxi Complaint Form.

PERSONAL INFORMATION:

NAME	
ADDRESS	
CITY, STATE, ZIP	
DAYTIME PHONE	
E-MAIL	

INCIDENT INFORMATION:

DATE		TIME:	AM/PM
LOCATION OF INCIDENT			
COMPANY NAME			
PUC # (If available)			
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE NO.			

NATURE OF COMPLAINT:
