

## Complainant

**Name in full**

**Address in full**

**Telephone** Day  Evening  Mobile

**Email**

## Nature of complaint

**Driver conduct or behaviour**
 **Conduct of Course Provider**  
 **Manner of driving**
 **Standard of service**  
 **Conduct of Driving Instructor**
 **Condition of vehicle**  
 **Overcharging by taxi/shuttle**  
 **Other** (Please describe below)

Note: If you want to make a complaint about a testing officer, please use a separate complaint form available from the NZ Transport Agency's website at <http://www.nzta.govt.nz/resources/driver-licensing-complaint-report/index.html>.

## Time/date/place of incident

**Date**

**Location**

**Time**

Please complete the *Details of Incident* section on pages 3 and 4 below.

## Identity of Transport Operator; driver or person complained about

**Name of transport operator, if known**

**Name of company, if known**

**Location of transport operator/company, if known**

**Name of individual, if known**

**Name on driver identification card, if applicable**

**Sex** Male  Female

**Approximate age**

**Physical description**

## Description of vehicle complained about, if applicable

Plate number

Make and Model

Type of vehicle  
(Truck/bus/van/car)

Colour

Taxi fleet number,  
if known

Other description  
of vehicle, or  
identifying marks

## Additional information

Were any notes  
made after the  
incident?

No  Yes

*(If so, please attach)*

Was the incident  
reported to any  
other agency?

No  Yes

If so, to whom?

Police

Industry Training Organisation

Taxi or bus company

Other transport operator

Other

## Signature

If you are submitting your form via email, by typing your name in the field below you are confirming that all the details above are true and correct.

If you are posting this form please sign the field below.

Signature of person  
making complaint

Date

Please email this application to [info@nzta.govt.nz](mailto:info@nzta.govt.nz) or send this application to the **Customer Response Team, NZ Transport Agency, Palmerston North Office, Private Bag 11777, Palmerston North 4442.**

Please note the Customer Response Team will forward this application to the relevant Regional Office.

Form continues over the page →

## Details of incident

Please describe:

- **What occurred exactly**
- **What words were spoken and by whom**
- **Details of any witnesses to the incident**
- **Your response (if any) to the incident**
- **How the incident made you feel**
- **Any additional information you think is relevant**

When you have completed the details of the incident in the field below, please submit your application using the *Submit by email* button.

*(If you require more space, please continue on a separate page)*