Washington Metropolitan Area Transit Commission

Carrier Complaint Form

Use this form to file a complaint about a WMATC licensed carrier or a carrier operating between points in the Metropolitan District. The Metropolitan District includes: the District of Columbia, Montgomery and Prince George's Counties (MD), Fairfax and Arlington Counties (VA), the cities of Alexandria and Falls Church (VA), and Dulles International Airport. If your complaint concerns a taxicab, use WMATC's interstate taxicab complaint form instead.

Fax this form to (301) 588-5262 or mail it to:

Carrier Complaints
Washington Metropolitan Area Transit Commission
8701 Georgia Avenue, #808
Silver Spring, MD 20910-3700

Complainant Information (full name and address are required)

Full Name	Daytime Telephone Number		
Address	City	State	Zip
Country (if not U.S.)	E-mail		

Carrier Information Provide as much information about the carrier as you can, including the WMATC number, if any. Missing information may prevent the Commission from identifying the carrier and resolving your complaint.

Carrier Name	WMATC Number
Vehicle License Plate	Vehicle Description

Incident Information

Incident Date	Incident Time

If you were a driver or pedestrian, provide the incident location.

Incident Address or Intersection	City	State

If you were a passenger, provide the trip origin and destination.

Origin Address	
City	State

Destination Address	
City	State

Reason for Complaint:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ (Signature)

_____ (Date)

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