

# 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  
 1010 Wayne Avenue, Suite 1240  
 Silver Spring, MD 20910

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

Incident Address or Intersection	City	State
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If you were a passenger, provide the trip origin and destination.

Origin Address	Destination Address
City	City
State	State

Reason for Complaint:

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