NEVADA TAXICAB AUTHORITY
COMPLAINT ACCEPTANCE FORM

This form is to be used when any complaint is to be filed against an employee of the Nevada Taxicab Authority.
Submit this form to: taxiauth@taxi.state.nv.us

1. Tracking No.

2. Name of Accused Employee(s)	3. Rank/Title	4. I.D.	5. Office or Section

6. Complainant's Name (if unknown, so state)	7. Home/Work Address	8. Telephone

9. Complainant's Race, Color or National Origin (optional) ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Native American ☐ Unknown	10. Complainant's Gender ☐ Female ☐ Male ☐ Unknown 11. Complainant's Email:	12. Complainant's Date of Birth Month Day Year

13. Complainant's Employer (optional)	14. Business Address	15. Telephone

16. Witness (Name)	17. Home/Work Address	18. Telephone

19. Witness (Name)	20. Home/Work Address	21. Telephone

22. Date and Time of Incident(s)	23. Incident Location(s)

24. Date and Time Reported	25. Method Complaint Filed ☐ Telephone ☐ Mail ☐ In Person ☐ Email

26. Report Taken By:	27. Rank/Title	28. I. D.	29. Office or Section

30. **Details of Complaint** (to be completed by complainant, if possible)
Attach Additional Sheets, if necessary

30. **Complainant's Signature:**