



## 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 from NZ Driver Licensing Ltd. These are available online at [www.nzta.govt.nz/resources/driver-licensing-complaint-report/index.html](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 [commlicence@nzta.govt.nz](mailto:commlicence@nzta.govt.nz) or send this application to the **Commercial Licensing Team, NZ Transport Agency, Palmerston North Office, Private Bag 11777, Palmerston North 4442.**

Please note the Commercial Licensing 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.

*(Please continue on the next page if necessary)*

