Taxi & PHV Driver Abuse Report Form				
When did this happen:				
Date:	Time:	Location:		
I am making this report because (please tick box applicable):				
☐ I am concerned about abuse to a passenger ☐ I have been the victim of physical or verbal abuse				
Name:		Phone:		
Company:	Position:	Email:		
Address:				
Vehicle Registration:		Hackney Carriage / Private Hire Vehicle		
Driver's Badge No:		Zone:		
Person concerned about / responsible for abuse:				
Name:	•	Address:		
Age:	Male / Female			
Council Contract Number	er (if applicable):			
Witness(s) / Evidence:				
Name:		Phone:		
Name:		Phone:		
Name:		Phone:		
Is in car CCTV evidence	e available? Yes / No	Is on street CCTV present? Yes / No		
	(continue overleaf – please write clearly in	•		
	position in the second			

Describe any injuries observed / received: What part of the body is affected and how?				
Describe any property damage: What damage was caused and how?				
Were the Police involved? Yes / No Police C		fficer No:		
Police log number: Station:				
Treatment:				
A & E Hospital:		Doctor:		
Type of treatment provided:				
Please sign the form				
Signed:		Date:		
PRINT NAME:				