

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:

Vehicle type:

Driver's Badge No:

Plate No:

Zone:

Person concerned about / responsible for abuse:

Name:

Address:

Age:

Gender:

Council Contract Number (if applicable):

Witness(s) / Evidence:

Name:

Phone:

Name:

Phone:

Name:

Phone:

Is in car CCTV evidence available?

Is on street CCTV present?

Describe the incident: (continue overleaf – please write clearly in black ink giving facts only)

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?

Police Officer No:

Police log number:

Station:

Treatment:

A & E Hospital:

Doctor:

Type of treatment provided:

Please sign the form

Signed:

Date:

PRINT NAME:

In the event of a reportable incident, you must complete this form and give it to your appointed Safeguarding Officer