

Complaint form

Date:	Complaint number: (to be filled out by TCS)	
Filer:		
Affected person:		
Name:	Name:	
Street:	Street:	
Area code /	Area code /	
City:	City:	
Phone:	Phone:	
E-mail:	E-mail:	
License plate, taxi number or name driver:	Pick up address and city:	
Ride date:	Pick up time:	
Destination:		
Description:		
Signature:		

Please complete the form and send it to:

Taxi Centrale Schiphol
T.a.v. Afdeling klachten
Rhôneweg 18
1043 AH Amsterdam

Or via e-mail: klacht@schipholtaxi.nl