



# METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

**Transportation Licensing Commission**  
720 South Fifth Street  
Nashville, Tennessee 37206  
615-862-6777 Fax: 615-862-6765  
TLCpublicworks@nashville.gov

## Consumer Complaint

Complainant/Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Email \_\_\_\_\_

Are you permitted to operate or own any vehicle subject to TLC Rules and Regulations?      Yes      No

If you answered "yes" to the question above, list the type of permit you have and the company you work for: \_\_\_\_\_

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Time/Location of the Incident \_\_\_\_\_

Include Metropolitan Code Section Violated (if possible) \_\_\_\_\_

**(Please describe the nature of your complaint in detail)**

Description of the Incident (use reverse or additional sheets, if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the vehicle/operator involved (if applicable) \_\_\_\_\_

\_\_\_\_\_

License Plate Number \_\_\_\_\_ Vehicle Number (if applicable) \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Form must be signed

**Return form to Transportation Licensing Commission Address shown above**