

Driver Conflict Resolution

File # _____

Date _____

Plaintiff # _____

Defendant # _____

Incident Date: _____

Incident Time: _____

Incident Address or Zone: _____

INFRACTION TYPE

- | | |
|--|---|
| <input type="checkbox"/> Scooped | <input type="checkbox"/> Residential or Account Person: |
| <input type="checkbox"/> Early No Show | <input type="checkbox"/> Poor Customer Service |
| <input type="checkbox"/> Refused fare | <input type="checkbox"/> Zone Positioning Dispute |
| <input type="checkbox"/> Mini Meter | <input type="checkbox"/> Other (If other please describe below) |

\$ _____ Dollar Amount of Charge (if applicable)

Description Of Incident:

Office Staff Signature _____

Plaintiff's Signature _____

Defendant's recollection of incident:

Verdict:

Plaintiff's Signature (If applicable) _____

1 Director's Signature _____

Defendant's Signature (If applicable) _____

2 Director's Signature _____

3 Director's Signature _____