

## Motor Vehicle Registry Information Bulletin

# V63 Complaints Reporting – Commercial Passenger Vehicle

## Introduction

The Department uses a complaints process to assist in monitoring Commercial Passenger Vehicle (CPV) drivers and operators.

## What is a CPV Complaint

A complaint is an expression of dissatisfaction with a service offered or provided by CPV drivers and / or operators.

## Things to Know About Complaints

- Any person may make a complaint.
- Only substantiated complaints will be investigated.
- The Department may forward a complaint to other organisations for further investigation – i.e. Police, Anti Discrimination or Office of Fair Trading.
- A complainant and witness may be required to give evidence in Court.
- Where more than six months has lapsed since the date of the incident, prosecution action may not be possible.

## Complaint Form

To assist in making a complaint, form VS28 – “Complaint Report – Commercial Passenger Vehicles (CPV)” is attached to this Bulletin.

## What is the Process

A complaint can be forwarded to the Accreditation and Audit Unit using the contact details below.

Contact Details	
Motor Vehicle Registry	
Telephone	1300 654 628
Facsimile	(08) 8999 3103
Email	<a href="mailto:mvr@nt.gov.au">mvr@nt.gov.au</a>
Web	<a href="http://www.mvr.nt.gov.au">www.mvr.nt.gov.au</a>
Postal Address	GPO Box 530 Darwin NT 0801

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**Office Use Only**

Region

Date Received

 /  / 

Referral

VS28

## Complaint Report - Commercial Passenger Vehicles (CPV)

### Person Submitting Report

Name	Telephone Number	Fax Number
<input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>
Postal Address	Mobile Telephone Number	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	Email Address	
State <input type="text"/>	<input type="text"/>	Postcode <input type="text"/>
Signature	Date	
<input type="text"/>	<input type="text"/>	

### Complaint Details

Vehicle Registration Number	Vehicle Type	Name of Company
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/> AM/PM
Location	Drivers's Name and/or ID Number (if known)	
<input type="text"/>	<input type="text"/>	

### Reporting Action

Has this matter been reported?

Police	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date	<input type="text"/>
Promis Number	<input type="text"/>	Company/Operator	Yes <input type="checkbox"/> No <input type="checkbox"/>
Officer Name	<input type="text"/>	Person's Name	<input type="text"/>
Location	<input type="text"/>	PositionTitle	<input type="text"/>
Action Taken	<input type="text"/>	Action Taken	<input type="text"/>

