COMPLAINT FORM TO BE SENT TO THE TERMINAL OPERATOR

Postcode	City		
			NAME OF THE TERMINAL OPERATOR
			NAINE OF THE TERMINAL OPERATOR
	_	io ociocilo	
		acsimile	
			Address
			Country
			E-mail address
Complainant	t's details		
Details of the	e user (if d	ifferent from the complainan	t) and of any other passengers
Travel detail	S		
Travel agent/t	our operato	or/ticket vendor (if applicable) Bo	oking code/ticket number:
Port/terminal of departure:		ıre:	Port/terminal of arrival:
First name:			Surname:
Name (if not	a private p	erson)	
Address:	<u> </u>		
Postcode:		City:	Country:
E-mail:			I

Tel.: (optional):

First name:	Surname:
First name:	Surname:
First name:	Surname:
First name:	Surname:

Scheduled time of departure	- Time: date(dd/mm/ yy):
Actual time of departure (where this does not coincide with the sche	eduled time) - time: date(dd/mm/ yy):
Scheduled time of arrival - time:	date(dd/mm/ yy):
Actual time of arrival (where this does not coincide with the schedul	ed time) - time: date(dd/mm/ yy):

Reasons for complaint. Place a tick next to the relevant items (*)
□ Rights of disabled persons and persons with reduced mobility
□ Information in case of cancellations or delayed departures
□ Travel information
□ Information concerning passengers' rights
□ Difficulties in filing a complaint
□ Other:
The terminal operator may add any further specific items to the list that are relevant for company purposes.
Description. Describe the incident with regard to all the items for which a tick has been indicated

Proxy authorisation and identity document of the user (if the compla Other attachments:	int is submitted by a person other than the user)
SIGNATURE OF COMPLAINANT	
Diago	Data

PRIVACY POLICY

Attachments

(to be completed by the terminal operator)