

# COMPLAINT FORM TO THE SERVICE PROVIDER

facsimile

NAME OF SERVICE PROVIDER

P.O. Box

Address

Postcode

City

Country

E-mail address

## Details of complainant

Name:	Surname:	
Name (if not a natural person):		
Address:		
Postcode:	City:	Country:
E-mail:		
Telephone (optional):		

## Details of user (if other than the complainant) and any other passengers

Name:	Surname:	
Name:	Surname:	
Name:	Surname:	
Name:	Surname:	

## Journey details

Travel agent/tour operator/ticket vendor (if applicable):		
Reservation code/ticket number:		
Port/terminal of departure:	Port/terminal of arrival:	
Scheduled departure time:	- time:	date (dd-mm-yy) <input type="text"/>
Actual departure time (where different from scheduled time)	- time:	date (dd-mm-yy) <input type="text"/>
Scheduled arrival time	- time:	date (dd-mm-yy) <input type="text"/>
Actual time of arrival (where different from scheduled time)	- time:	date (dd-mm-yy) <input type="text"/>

**Grounds for complaint. Please tick as appropriate next to the relevant entries (\*)**

- Ticket issue /contract conditions or discriminatory tariffs
- Rights of disabled persons and persons with reduced mobility
- Information in case of cancelled or delayed departures
- Travel information
- Information on passenger rights
- Re-routing or reimbursement in case of cancelled or delayed departure
- Assistance in case of cancelled or delayed departure
- Delay in arrival and request for compensation

Choose how you want to receive compensation, if due:

Vouchers or other services

credit card

credit transfer - IBAN:

Difficulties in submitting the complaint

Other:

***The service provider may supplement the list with any further specific business-relevant items.***

**Description. Please describe the events for all items with a tick mark**

(\*) For information on the rights of passengers travelling by sea and inland waterway as provided for in Regulation (EU) No 1177/2010, please refer to the website of the Transport Regulation Authority at:

Proxy and user identity document (in case the complaint is submitted by a person other than the user)

Other attachments: ...

SIGNATURE OF THE COMPLAINANT: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**PRIVACY STATEMENT**

*(to be filled in by the service provider)*