COMPLAINT FORM TO THE TERMINAL OPERATOR

facsimile

NAME OF TERMINAL OPERATOR	
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 different from 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):
Actual departure time (where different from scheduled time)	- time:	date (dd-mm-yy):
Scheduled arrival time	- time:	date (dd-mm-yy):
Actual time of arrival (where different from scheduled time)	- time:	date (dd-mm-yy):

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

☐ Rights of disabled persons and persons with reduced mobility

☐ Information in case of cancelled or delayed departures

☐ Travel information

☐ Information on passenger rights

☐ Difficulties in submitting the complaint

☐ Other: [   ]

The terminal operator may supplement the list with any further specific business-relevant items.

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

[text box]

(*) 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:
http://www.autorita-trasporti.it/passengers-rights-trasporto-via-mare-e-per-vie-navigabili-interne/?lang=en

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 terminal operator)