

COMPLAINT FORM TO THE SERVICE PROVIDER

facsimile

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:	

Details of journey

Travel agent/tour operator/ticket vendor (if applicable):		
Reservation code/ticket number:		
Terminal/stop of departure:	Terminal/stop of arrival:	
Scheduled time of departure:	- hour:	date(dd/mm/yy):
Actual time of departure (where not coinciding with the scheduled time)	- hour:	date(dd/mm/yy):
Line (if applicable):		

Grounds of complaint for regular services where the scheduled distance is 250 km or more. Please tick as appropriate next to the relevant entries (*)

- Ticket issue/Discriminatory tariff or contract conditions
- Rights of disabled persons or persons with reduced mobility
- Information in case of cancellation or delay in departure
- Assistance at terminals in case of cancellation or delay in departure
- Re-routing or reimbursement in case of cancellation, delay in departure or overbooking
- Travel information
- Information on passengers' rights
- Difficulty in the submission of the complaint
- Other:

Choose how you wish to receive compensation/reimbursement, if due:

Vouchers or other services

(please specify the procedures laid down by the service provider for the payment in cash in accordance with applicable legislation)

Grounds of complaint for regular services where the scheduled distance is less than 250 km. Please tick as appropriate next to the relevant entries (*)

- Discriminatory tariff or contract conditions
- Rights of disabled persons or persons with reduced mobility
- Travel information
- Information on passengers' rights
- Difficulty in the submission of the complaint
- Other:

Choose how you wish to receive compensation/reimbursement, if due:

Vouchers or other services

(please specify the procedures laid down by the service provider for the payment in cash in accordance with applicable legislation)

The service provider may supplement the list with any additional business-relevant items.

(*) You can specify one or more reasons of complaint. For information on the rights of bus and coach passengers under Regulation (EU) No. 181/2011, please refer to the website of the Transport Regulation Authority at the following link:

<https://www.autorita-trasporti.it/passengers-rights-trasporto-con-autobus/?lang=en>

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

Annexes

SIGNATURE OF THE COMPLAINANT: _____

Place: _____

Date: _____

PRIVACY STATEMENT (to be filled in by the service provider)