COMPLAINT FORM TO THE SERVICE PROVIDER



Details of complaina	nt					
Name:		Surname:				
Name (if not a natural p	person):					
Address:						
Postcode: City:		Country:				
Details of user (if oth	ner than the co	mplainant) and an	y other passengers			
Telephone (optional): Name:		Sumame:				
Name:		Surname:				
Name:		Surname:				
Details of journey						
Travel agent/tour oper	ator/ticket vend	or (if applicable):				
Reservation code/ticke	et 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					
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					
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(*) 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: <u>https://www.autorita-trasporti.it/passengers-rights-trasporto-con-autobus/?lang=en</u>

Annexes

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:	
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Si prega di consegnare questo modulo a : TICKET POINT AREZZO, VIA PIERO DELLA FRANCESCA, 1 Via Posta: TIEMME S.P.A., VIA GUIDO MONACO 37, 52100 AREZZO Via mail: <u>reclami.arezzo@tiemmespa.it</u> Via PEC: <u>tiemmespa@pec.it</u>

I dati personali dell'utente che presenta un reclamo o avanza una segnalazione, tramite il presente modulo, saranno trattati avendo rispetto della persona fisica e secondo i principi in materia di riservatezza dei dati personali, così come sancito dal Regolamento UE 2016/679. e D.lgs. 101/2018.