

COMPLAINT FORM TO THE SERVICE PROVIDER

Grimaldi Euromed SpA

via Marchese Campodisola n. 13

80133

Naples

Italy

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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:

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

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: _____

PRIVACY STATEMENT

(to be filled in by the service provider)