

Ferrovie Appulo Lucane



FORM BUS COMPLAIN

FERROVIE APPULO LUCANE CORSO ITALIA N. 8 70125 - BARI ITALY

relazioniesterne@ferrovieappulolu

		e to file a com	plaint by pho	one.		
Name:	ame: Surname:					
It is no possible to file a complaint by pho	one:					
Address:						
Zip Code: City:		State:				
E-mail:						
Phone number (optional):						
Data of th	e user (if different fr	om the compla	inant) and o	of other passengers		
Name:		Surname:				
Name:		Surname:				
Name:		Surname:				
Name:		Surname:				
Travel Details						
Mode of purchase of the travel documen	t (ticket office – self – or	nline)				
Bus number:		Ticket number:				
Departure station:		Arrival station:				
Scheduled departure time:			time:	date(dd/mm/yy)		
Effective departure time (if not coinciding with the scheduled time		e)	time:	date(dd/mm/yy)		
Scheduled arrival time			time:	date(dd/mm/yy)		
Effective arrival time (if not coinciding with the scheduled time)			time:	date(dd/mm/yy)		
Reasons for the complaint. Please indicate a check mark close to the relevant entry						
Terms and conditions or discriminatory tariffs Rights of disabled people or with reduced mobility						
Travel information Passengers' rights information				ation		
Difficulty in filing the complaint						
Other						
Please select how to receive the reim	bursement if due:	Cash				
Bank transfer		IBAN:				

Account holder	BIC/SWIFT	

Please note: It is mandatory to attach the copy of an ID and the copy of the travel document.

Attachments:

Authorisation and ID of the user (in case if the complaint is filed by a subject different from the user) Other attachments...

SIGNATURE OF THE PARTY SUBMITTING THE CLAIM:

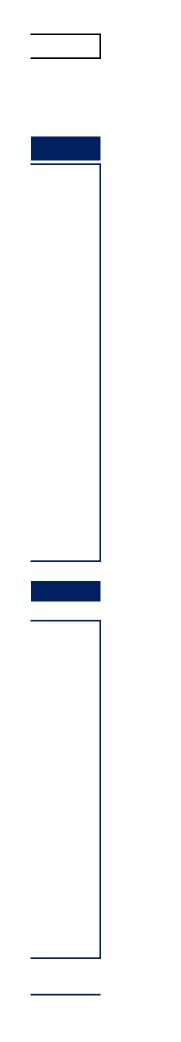
(*) It is possible to indicate one or more complaints. For information regarding the passengers' rights of th services with buses recognised by the (EC) regulations n. 1371/2007, it is possible to visit the website of the Regulation Authority at the address:

https://www.autorita-trasporti.it/tutela-diritti-dei-passeggeri-trasporto-su-autobus/

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