



Ferrovie Appulo Lucane



FORM TRAIN COMPLAINT

FERROVIE APPULO LUCANE

CORSO ITALIA N. 8

70125 - BARI

ITALY

relazioniesterne@ferrovieappulolucane.it

It is no possible to file a complaint by phone.

Name:	Surname:
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It is no possible to file a complaint by phone:

Address:

Zip Code:	City:	State:
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E-mail:

Phone number (optional):

Data of the user (if different from the complainant) and of other passengers

Name:	Surname:
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Name:	Surname:
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Name:	Surname:
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Name:	Surname:
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Travel Details

Mode of purchase of the travel document (ticket office – self – online)

Train number:	Ticket number:
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Departure station:	Arrival station:
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Scheduled departure time:	time:	date(dd/mm/yy)	
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Effective departure time (if not coinciding with the scheduled time)	time:	date(dd/mm/yy)	
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Scheduled arrival time	time:	date(dd/mm/yy)	
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Effective arrival time (if not coinciding with the scheduled time)	time:	date(dd/mm/yy)	
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Reasons for the complaint. Please indicate a check mark close to the relevant entry (*)

- | | |
|--|--|
| <input type="checkbox"/> Terms of sale of the tickets | <input type="checkbox"/> Systems of travel and booking information |
| <input type="checkbox"/> Information before and during the travel | <input type="checkbox"/> Bicycle transport |
| <input type="checkbox"/> Information in case of cancellation or delay | <input type="checkbox"/> Assistance in case of cancellation or delay |
| <input type="checkbox"/> Alternative transport or reimbursement in case of cancellation of services, delay in the departure or missed connection | |
| <input type="checkbox"/> Delays, missed connections and cancellations | <input type="checkbox"/> Passengers' rights information |
| <input type="checkbox"/> Advance payment in case of death or lesions of a passenger / Minimum insurance | |
| <input type="checkbox"/> Quality of the service | <input type="checkbox"/> Difficulty in filing the complaint |
| <input type="checkbox"/> Rights of disabled people or with reduced mobility | <input type="checkbox"/> No adoption of measures for the personal safety of passengers |
| <input type="checkbox"/> Flexibility or limitative clauses in the transport agreement | |
| <input type="checkbox"/> Other | <input type="text"/> |

Please select how to receive the reimbursement if due

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Substitute travel document | <input type="checkbox"/> 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.

Description: please describe the event with regard to all the entries you have checked

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:

Place:

Date:

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

<https://www.autorita-trasporti.it/tutela-diritti-dei-passeggeri-trasporto-ferroviario/>

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www.ferrovieappulolucane.it

Numero verde **800 050 500**