Azienda Siciliana Trasporti Spa

COMPLAINT FORM

Dear user,
Please fill out this form in its entirety and write in capital letters. We will contact you within 30 days of the date of receipt of your report. In the meantime, we apologize for the inconvenience and thank you for your cooperation.

Fields marked with (*) are mandatory.

DETAILS OF THE COMPLAINANT

Name*: _____

Surname*: _____

Name (if not a natural person)_____

Email*: _____

Phone*: _____

DATA OF THE USER (IF DIFFERENT FROM THE COMPLAINANT) AND ANY OTHER PASSENGERS

Name:_____ Last Name:_____

Name:_____ Last Name:_____

Name:_____ Last Name:_____

Name:_____ Last Name:_____

TRIP DETAILS

Ticket number: _____

Day: _____

Scheduled Departure Time: _____ Departure Time Effettivo_____

Departure stop: _____ Arrivo_____ stop

Stroke: _____

SEDI PERIFERICHE:

Palermo
Via Ugo La Malfa, 40
Tel. 091.6800011
Fax 091.6885935

Catania
Via S.G. La Rena, 25
Tel. 095.7230511
Fax 095.281132

Messina
Via San Cosimo, 8
Tel. 090.662244
Fax 090.719232

Trapani
Via Virgilio, 20
Tel. 0923.21021
Fax 0923.872939

Siracusa
S.P.14 Siracusa-Canicattini Bagni, 8
Tel. 0931.462711
Fax 0931.61170

Modica
Via Sorda Sampieri, 57
Tel. 0932.767301
Fax 0932.762331

REASONS FOR COMPLAINT FOR REGULAR SERVICES OF 250 KM OR MORE. PLEASE INDICATE A CHECKMARK NEXT TO THE RELEVANT ITEMS

□ **Ticketing / Discriminatory contract conditions or tariffs**

□ **Rights of persons with disabilities or reduced mobility**

□ **Information in case of cancellation or delay on departure**

□ **Assistance at the station in case of cancellation or delay at departure**

□ **Alternative transportation or refund in case of cancellation, delay to departure or overbooking**

□ **Travel Information**

□ **Passenger Rights Information**

□ **Difficulty in filing a complaint**

□ **other (please specify)** _____
_____

Select how you want to receive the compensation/refund if due:

- Reversal on the credit card used to pay for the title
- Bank transfer specifying IBAN:
  _____

(*) You can indicate one or more reasons for complaint. For information on the rights of passengers on bus transport services recognised by Regulation (EU) No 181/2011, please consult the website of the Transport Regulation Authority at: https://www.autorita-trasporti.it/tutela-diritti-dei-passeggeri-trasporto-su-autobus/

REASONS FOR COMPLAINT FOR REGULAR SERVICES WITHIN A DISTANCE OF LESS THAN 250 KM. PLEASE INDICATE A CHECKMARK NEXT TO THE RELEVANT ITEMS

□ **Ticketing / Discriminatory contract conditions or tariffs**

□ **Rights of persons with disabilities or reduced mobility**

□ **Travel Information**

□ **Passenger Rights Information**

□ **Difficulty in filing a complaint**

□ **other (please specify)** _____
_____

Select how you want to receive the compensation/refund if due:

- Reversal on the credit card used to pay for the title
- Bank transfer specifying IBAN:
  _____

(*) You can indicate one or more reasons for complaint. For information on the rights of passengers on bus transport services recognised by Regulation (EU) No 181/2011, please consult the website of the Transport Regulation Authority at: https://www.autorita-trasporti.it/tutela-diritti-dei-passeggeri-trasporto-su-autobus/

DESCRIPTION OF THE INCIDENT WITH REGARD TO THE ITEMS FOR WHICH THE CHECK MARK WAS INDICATED

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____

Date _____

Information pursuant to Article 13 of Legislative Decree 196/2003 and subsequent amendments and additions
AST S.p.A., with registered office in Palermo, Via Caduti senza Croce 28 – 90146 Palermo, in its capacity as data controller, informs you that all personal data concerning you will be processed in compliance with the conditions and limits established by the Code, as well as by law and regulations in order to facilitate institutional functions in administrative matters. The provision of data is mandatory and failure to provide it may result in impossibility or delays in the definition of the file concerning you. The data will also be processed with the help of electronic tools. At any time you may exercise your rights against the data controller pursuant to art. 7.

I authorize the processing of my data and declare that all the information contained in this form is true and correct

Signature _____

Date _____