**PASSENGERS COMPLAINTS FORM**

(Pursuant to Articles 24 and 25 of Regulation (EU) No. 1177/2010 of the European Parliament and of the Council)

**PART A**

(To be completed by the complainant)

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| **PERSONAL INFORMATION OF THE COMPLAINANT[[1]](#footnote-1)** |

FULL NAME:

ADDRESS:

NATIONALITY:

TEL.NO.:

EMAIL:

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| **OTHER INFORMATION**  |

VESSEL´S NAME:

CARRIER´S NAME:

PORT OF EMBARKATION/DISEMBARKATION:

DATE OF VOYAGE:

**PART Β**

(To be completed by the complainant stating √ where applicable)

**SYNOPTIC DESCRIPTION OF THE COMPLAINT**

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| **1. Ticket.** |  | **8. No information in the event of delayed departure** |  |
| **2. Disabled person.** |  | **9. No assistance from the carrier in cases of 7 and 8.** |  |
| **3. Person with reduced mobility.** |  | **10. No reimbursement in cases 7 and 8.**  |  |
| **4. Non availability of access conditions/information.** |  | **11. No re-routing of passengers in cases 7 and 8.** |  |
| **5. Non availability of free of****charge assistance in cases 2 and 3.** |  | **12. No compensation in the event of delayed arrival.** |  |
| **6. Mobility equipment (compensation).** |  | **13. No travel information to passengers.** |  |
| **7. No information in the event of cancelled departure.** |  | **14. Other.** |  |

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| **Description of the complaint**  |
|  |

**…………………….…….**

**Complainant´s signature Date:**

**PART C**

**INSTRUCTIONS FOR THE COMPLETION OF THE COMPLAINTS FORM**

1. No complaint shall be examined by the Shipping Deputy Ministry, unless it has previously been submitted to the carrier within two months from the date on which the service was performed or when the service should have been performed and with respect of which the complaint was submitted.

1. The above mentioned body has the obligation to reply the latest within 2 months from the date the complaint was received.
2. In the case a complaint submitted to the carrier where no sufficient reply or explanations were given, the present completed form can be sent:
3. by post at The Shipping Deputy Ministry, Kyllinis, Mesa Geitonia, 4007, Limassol, Cyprus; or
4. at the following email address: passengerrights@dms.gov.cy.

For further information as to the submission of the written complaints form, please kindly call the following phone numbers of the Shipping Deputy Ministry: +357 25848190 and +357 25823718.

1. You are kindly requested together with the complaints form to submit the following:
2. Copy of the initial complaint which had been deposited with the carrier or the terminal operator;
3. Copy of the reply of the carrier or terminal operator (if any); and
4. Copy of your ticket or any other document considered useful for your case.
1. **Data Protection Statement:** The information provided on this form by you to the Shipping Deputy Ministry (SDM) is required for the purposes of the submission of a complaint when travelling by sea. When the SDM processes your personal information, for example, collects it on a form or stores it in a file or on a computer is obliged to comply with the General Data Protection Regulation (GDPR). Your personal information will not be shared or processed for any other purpose without your express consent. [↑](#footnote-ref-1)