

FORM

Submit a complaint

Fill in this form digitally or by hand in block capitals and sign it. You can send it using one of the methods listed in the Complaints section on www.saisautolinee.it.

** required field*

You are submitting the complaint: *

☐ on your own behalf ☐ as a representative/authorized agent

Passenger's details

Name and Surname or Company name *

Address *

Zip code *

City *

Country *

Email *

Phone number *

Fill in only if you are submitting the complaint as the passenger's representative or authorized agent.

Representative/authorized agent's details

Name and Surname or Company name *

Address *

Zip code *

City *

Country *

Email *

Phone number *

Attach the letter of authorization and a copy of the passenger's ID

List below any documents you attach to the complaint.

Trip details

Type of service *

- | | | | |
|--|--|---|-------------------------------|
| ☐ National Lines | ☐ Enna City Lines | ☐ Modica City Lines | ☐ Rental |
| ☐ Sicily TPL Lines | ☐ Gela City Lines | ☐ Scicli City Lines | ☐ Unknown |
| ☐ Augusta City Lines | ☐ Milazzo City Lines | ☐ Siracusa City Lines | |

Carrier*Only enter this if it's not SAIS Autolinee***Ticket Code****Departure stop****Arrival stop****Scheduled departure date***dd/mm/yyyy hh:mm***Actual departure date***If different from scheduled time · dd/mm/yyyy hh:mm***Service Line (if applicable)**

Complaint details

Reason for the complaint *

- ☐ Ticket issuance / Contractual terms or discriminatory fares
- ☐ Rights of people with disabilities or reduced mobility
- ☐ Information in the event of cancellation or a delay at departure
- ☐ Assistance at the station in the event of a cancellation or delay at departure
- ☐ Alternative transport or a refund in the event of cancellation, a delayed departure or overbooking
- ☐ Travel information
- ☐ Information on passenger rights
- ☐ Difficulties in lodging a complaint
- ☐ Other: Write below

Event description *

Select how you want to receive compensation/reimbursement if due:

☐ Voucher / e-wallet

☐ Bank transfer

Fill in only if «Select how you want to receive compensation/reimbursement if due» is «Bank transfer»

Intestatario c/c

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IBAN

Attachment

List below any documents you attach to the complaint.

☐ I've read the [Privacy Policy](#) and I consent to the processing of my personal data. *

Place and date

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Signature

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