



Customer complaint form

Modulo Sistema Qualità

Mod. 22 Rev. 00

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COMPLAINT DETAILS *

* Date _____ * Time _____

* Travel _____

* Carrier _____ Driver _____

Complaint made by:

PERSON OF THE
GROUP

GROUP COORDINATOR

* NAME _____ * SURNAME _____

* ADDRESS _____ POST CODE _____ * CITY _____

* TEL. NUMBER _____ E-mail _____

* **DESCRIPTION**

Date: _____

In accordance with the national Italian law art. 13 del D.lgs. 196/03 regarding your personal data, information given will be used only to process your request and your privacy will be guaranteed.

* Mandatory fields.