

Customer Personal Data*	Name:	Surname:
	Address:	
	City:	Telephone number

Data about the disruption or the advisory	Departure from: _	_ticket office:
	day: at H:	(*)driver :

Explain the reason of your complaint:

(*)The driver's number is highlighted on the company ID card

Signature (not compulsory) _____ Date: _____

complaint

This form consists in 2 pages .

Page n.1 to be filled by the passenger who presents the complaint

Page n.2 reserved to Autoservizi Salemi Srl.

You can send this form by fax +39 0923 / 982465, by email to commerciale@autoservizisalemi.it or in our Office in via Salemi 97, 91025 Marsala (TP)

Dear Customer, the data collected through this complaint form will be processed by the writer, data controller, with both paper and computer tools, for mere purposes of reporting management, to improve the services offered and its Quality Management System and for statistical processing. They will be kept for these purposes for no more than five years and will not be subject to dissemination or transmission to third parties. At any time you can exercise the rights, specifically provided for in Chapter III of European Regulation 2016/679, towards the Data Controller, sending an email to commerciale@autoservizisalemi.it or ergon.serviziodpo@pec.it

