

Complaint form – general passenger rights

Ship passengers' rights pursuant to EU regulation no. 1177/2010

Information about the complaining passenger

First name	
Surname	
Address	
Email	
Telephone no.	
Cell phone	
Name and address of any travelling companions	

Information about the voyage

Name of the shipping company or agent, etc. against which a complaint is filed (state the company that has written the rejection about which you complain)	
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Date of voyage				
Port of departure				
Time of departure	Planned		Actual	
Port of arrival				
Time of arrival	Planned		Actual	

If the complaint concerns conditions in the port terminal, please forward the complaint to the Danish Transport Agency.

If the complaint concerns a voyage at a price of or above DKK 1050,- please forward the complaint to the Consumer Complaints Board.

Information about the incident

1. The complaint concerns

Cancellation	
Delay of	number of minutes related to the time of departure
Delay of	number of minutes related to the time of arrival
Information	
Other things	

Please describe in more detail what the complaint concerns	
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2. Claim

Compensation	
Reimbursement of expenses due to a lack of assistance	
Reimbursement of the ticket price (only of the unused part)	

Please describe your claim in more detail	
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3. Were you informed about your rights?

Yes	
No	

Cancellation and delayed departure

4. Did you get any assistance?

	Yes
	No

If yes, what kind of assistance?

	Snacks
	Meals
	Refreshments
	Accommodation
	On board the ship
	Ashore
	Transport between the port terminal and the place of accommodation (if ashore)

5. Were you offered a re-routing of the voyage?

	Yes
	No

If yes, how long was the waiting time?	
By which carrier	
For which route, incl. date and time	

6. Were you offered a reimbursement?

	Yes
	No

If yes

The full price of the ticket	
A part of the ticket price	

Please note that you are entitled to have a ticket reimbursed only if you choose not to use it.

7. Were you offered a return voyage (to the point of departure)?

	Yes
	No

If yes, how long was the waiting time?	
By which carrier	
For which route, incl. date and time	

Delayed arrival

8. Were you offered compensation of the ticket price?

	Yes – state the amount	
	No	
Please state the price and type of ticket		

9. In case of delays or cancellations

Was the ferry

	Delayed
	Cancelled

When were you informed about the delay/cancellation?

	In the port terminal/port – state the time	
	On board the ship before departure – state the time	
	On board the ship after departure – state the time	
	Before buying the ticket	
	I was not informed about the delay/cancellation	

What was the reason for the ferry's delay/cancellation?	
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Other information

10. You must have contacted the shipping company in writing before filing this complaint.

Please describe the course of events in connection with the complaint and forward any relevant documentation (copy of correspondence with the shipping company, tickets, reservations, etc.)	
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11. In order for your complaint to be considered, please pay a complaint fee of DKK 160 to the account of the Danish Maritime Authority in the Danske Bank, registration no. 0216 account no. 4069031625. Please remember to state the passenger's first name and surname on the payment.

12. Your account number

Registration number and account number for your bank for use when reimbursing the complaint fee if your complaint is accepted.	
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