

COMPLAINT FORM TO BE SENT TO THE SERVICE PROVIDER

Costa Crociere S.p.A.
P.zza Piccapietra,
48
16121, Genova
(ITALIA)

e-mail:
costa_customerservice@costa.it

All fields are mandatory.

DETAILS OF APPLICANT (PERSON SUBMITTING THE COMPLAINT)

Name:
Surname:
Company name (if the applicant is not a natural person):
.....
Address:
ZIP code:
Town or City:
Country:
e-mail:
Phone number (optional):

DETAILS OF THE CLAIMANT (IF OTHER THAN THE APPLICANT) AND OF ANY OTHER PASSENGERS

If the applicant is an attorney, it is necessary (in the section provided) to refer to and attach a signed power of attorney and a copy of the claimant's ID.

Name and Surname:
Name and Surname:
Name and Surname:
Name and Surname:

DETAILS OF THE JOURNEY

Name of the Ship:.....
Travel agent/tour operator/ticket seller (if applicable):
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Booking reference/Ticket number:

Port/Terminal of departure: •

Port/Terminal of arrival:

Scheduled time of departure: time,
date.....

Actual time of departure (if different from scheduled time):
time....., date.....

Scheduled time of arrival: time....., date.....
..... •

Actual time of arrival (if different from scheduled time):
time....., date.....

REASON(S) FOR THE COMPLAINT. TICK EACH RELEVANT REASON.¹

- Non-issue of ticket/discriminatory contract conditions or prices
- Rights of disabled persons and persons with reduced mobility
- Information in the event of canceled or delayed departures
- Information regarding the journey
- Information regarding the rights of passengers
- Alternative transport or refund in the event of canceled or delayed departures
- Failure to provide assistance in the event of canceled or delayed departures
- Delay in arrival and request for compensation
- Difficulty in making a complaint
- Damaged/lost/delayed baggage
- Damage to/loss of/theft of items of personal property
- Medical problems (including food intolerance and/or food poisoning)/personal injury
- Cancellation fees

¹ For information concerning the rights of passengers when travelling by sea and inland waterway in accordance with Regulation EU no. 1177/2010, see the Italian Transport Regulation Authority website: <https://www.autorita-trasporti.it/passengers-rights-trasporto-via-mare-e-per-vie-navigabili-interne/?lang=en>

- Delayed flights
- Change of itinerary
- Problems with passport(s) or other ID
- Dissatisfaction with the product
- Noisy cabin
- Problems when booking the cruise
- Other

Please select how you would like to receive compensation, if payable:

- Cruise voucher
- Bank transfer - IBAN:

Name and surname of account holder

.....

BIC Code

.....

Name of the Bank (no address required)

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IBAN (27 characters)

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PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SPECIFIC PROBLEM FOR EACH REASON YOU TICKED IN THE LIST.

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ATTACHMENTS

- 1)..... •
- 2)..... •
- 3)..... •
- 4)..... •
- 5)..... •

Place: _____ Date: _____

PRIVACY NOTICE

In its capacity as data controller, Costa Crociere S.p.A. will process your personal data in compliance with the provisions of Regulation (EU) no. 679/2016 (the General Data Protection Regulation).

You may consult the full privacy notice, a copy of which was provided to you at the time of signing the general contractual conditions, at <https://www.costacruises.eu/privacy.html>