

Eisenbahn-Bundesamt (EBA)

Eingangsstempel EBA*

Eisenbahn-Bundesamt
 Fahrgastrechte
 Heinemannstr. 6
 53175 Bonn

Geschäftszeichen EBA* _____

VMS-Nummer EBA* _____

* completed by EBA

Passenger complaint			
Please note:			
Before submitting a complaint to Eisenbahn-Bundesamt please turn to your carrier first.			
1. Personal details of the complainant			
Family name:		First name:	
Address:			
Postal code, town/city, country:			
Telephone:		E-mail:	
2. Reason of complaint (Please mark with a cross):			
<input type="checkbox"/> Contract of carriage / Ticket	<input type="checkbox"/> Information		
<input type="checkbox"/> Persons with reduced mobility	<input type="checkbox"/> Delay on departure		
<input type="checkbox"/> Assistance	<input type="checkbox"/> Cancellations		
<input type="checkbox"/> Other			
3. Did the carrier reply to your complaint? (Please enclose copies of the answer)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Content of and details on your complaint (Please describe the incident from your point of view):			
If the space for your data is not sufficient, please use a supplement!			
5. Please give some detailed information about your bus connection (Please attach a copy of the ticket (s) and travel documents)			
Date/Period of travel:		Carrier:	
Ticket price:			
Kind of ticket:	(Single ticket/Season ticket)		
Scheduled departure time:		Actual departure time:	
Place of Departure: (Terminal/Bus Stop)		Place of Destination: (Terminal/Bus Stop)	
Did you have to change busses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer Terminal/ Transfer Bus stop:	
6. Assistance offered in the case of delay/ cancellation (free of charge):			
<input type="checkbox"/> Refreshments <input type="checkbox"/> Meals/Snacks		<input type="checkbox"/> Possibility to stay overnight was granted	
7. Continuation / Rerouting in the case of delay/ cancellation (free of charge):			
<input type="checkbox"/> Continuation as soon as possible or re-routing (alternative route)		<input type="checkbox"/> Reimbursement / Return service to point of departure	

Location, Date

Signature

Please note: your data is needed for the treatment of your complaint and will be collected for this purpose only.