

## Customer Complaint Form

Please send this form to:

DTG Deutsche Touring  
GmbH  
Complaints Department  
Am Römerhof 17  
60486 Frankfurt  
Germany

### Passenger Details:

Responsible ticket center: \_\_\_\_\_

Name and surname: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP code: \_\_\_\_\_

City: \_\_\_\_\_

Mobile number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Travel date/bus line: \_\_\_\_\_

Ticket number: \_\_\_\_\_

### Reason for complaint:

- Delay of 90 minutes
- Delay of 120 minutes
- Cancellation of transport

### Other remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Documents sent in:**

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Ticket               | Price: _____        |
| <input type="checkbox"/> Invoicehotel         | Total amount: _____ |
| <input type="checkbox"/> Receiptfood&beverage | Total amount: _____ |
| <input type="checkbox"/> Otherdocuments       | Total amount: _____ |

Required refundamount: \_\_\_\_\_

**Banking details:**

Accountholder: \_\_\_\_\_  
Bank: \_\_\_\_\_  
IBAN: \_\_\_\_\_  
BIC: \_\_\_\_\_

\_\_\_\_\_  
Signature / Date (passenger)

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**For internal use only (DTG Deutsche Touring GmbH)**

**Customer complaint form check:**

- agreed  
 rejected

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paid amount: \_\_\_\_\_

\_\_\_\_\_  
Signature / Date (DTG Deutsche Touring GmbH)