



Persons with Reduced Mobility Rights Complaint Form

**Pursuant to Regulation (EC) No 1107/2006 concerning the rights of disabled persons
and persons with reduced mobility when traveling by air**

Instructions

- Complaints concerning assistance given at an airport should be addressed to the body or bodies designated for the enforcement of this Regulation by the Member State where the airport is situated.
- Complaints concerning assistance given by an air carrier should be addressed to the body or bodies designated for the enforcement of the Regulation by the Member State which has issued the operating license to the air carrier (refer to website for a list of most frequently used air carriers and their relevant Member States)
- This complaint form is only to be used for cases concerning possible infringements of the rights afforded to persons with reduced mobility (prms) under Regulation (EC) No. 1107/2006.
- Please fill in the form in block capital letters.

Complaint submitted by:

Surname:

First Name:

Address:

Postcode:

City:

Telephone:

Mobile:

Email:

Nature of disability/reduced mobility:



1. Your complaint relates to the assistance received by you:

- From the tour operator when making the reservation: Please state name and address of tour operator:
- At the airport of departure. Please specify location:
- At the transit airport. Please specify location:
- At the airport of arrival. Please specify location:
- Onboard the aircraft. Please specify air carrier:

2. At what point did you notify your air carrier of your need for assistance:

- More than 48 hours prior your published departure time. Please specify date and time:
- Less than 48 hours prior to your published departure time. Please specify date and time:

3. Please provide the following information (where applicable):

Outbound flight number:

Published departure time:

Route:

Check-in time per your ticket:

4. Please also provide the following information (where applicable):

Inbound flight number:

Published departure time:

Route:

Check-in time per your ticket:.....

5. At what time did you actually present yourself at the check-in counter/PRM desk?

.....



6. Were you refused carriage or embarkation on grounds of your reduced mobility or disability:

Yes

No

7. On what grounds this refusal was made:

Safety reasons

Size of aircraft

Other.

Please specify:

8. Subsequent to the above mentioned refusal were you offered:

Alternative travel to your destination

Reimbursement of the cost of your ticket

8. Were you provided with all the information given to other passengers in formats which were accessible to you?

Yes

No

9. Were you accompanied by a carer / escort or person known to you and capable of providing the assistance required by you?

Yes.

No

If "yes" please state name and address of accompanying passenger:

.....
.....

10. Was the person designated by the airport authority to assist you through the airport suitably trained to fully assist you in your opinion:

Yes

No



11. Did you successfully catch your flight:

- Yes
- No

12. Was your wheelchair / mobility equipment / assistive device damaged or lost in the course of your travel:

- Yes
- No

If “yes” please state the nature of damage / loss and where it occurred:

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.....

13. Were you provided with a temporary replacement of your mobility equipment or assistive devices:

- Yes
- No

14. Did you receive compensation for the damage / loss of your wheelchair / mobility equipment / assistive devices:

- Yes
- No

15. Please outline any additional information relevant to your complaint:

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List of documentation included to support your complaint (e.g copy booking confirmation, boarding card, receipts/estimates for repairs to your mobility equipment, receipts for replacement of lost mobility equipment etc.)

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“I, the undersigned passenger (insert name)....., authorize the national body responsible for enforcing Regulation (EC) No. 1107/2006 to act in my name, as far as its powers permit, in dealings with the above mentioned air carrier / airport (delete as appropriate) and to have access to the personal data relating to me which is currently retained by that air carrier / airport / tour operator(delete as appropriate)”

Signature:

Name (Block capital letters):

Date:

Department of Civil Aviation
27 Pindarou Street
Block A
1060 Nicosia
Cyprus
Tel.00357 22404197 or 102
Fax 00357 22766552
E-mail: director@dca.mcw.gov.cy

****A FULL LIST OF DESIGNATED ENFORCEMENT BODIES AND MORE INFORMATION ABOUT EU PASSENGER RIGHTS CAN BE FOUND AT THE FOLLOWING WEBPAGES:**

www.mcw.gov.cy
www.apr.europa.eu