

Annex 3: Suggestion and complaint form

COMPLAINT AND CLAIM FORM

User Number	Details of clamaint	Register
First Name	Surname	
ID/Passport	tel.	
Address:	nº	
Town	Postcode	City
Email:		

COMPANY DETAILS	
ACCIONA MOBILITY, S.A.	TAX ID: A-82582834
Address: Avda de Europa nº 18, Alcobendas (28108 Madrid)	
Tel.: 900 866 002	
Email: sac@acciona-motosharing.com	

DESCRIPTION OF THE FACTS		
Registration:	Ticket n:	Date:
Address where the facts occurred:		
Documentation attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CLAIM/REQUEST				
<input type="checkbox"/> Compensation	<input type="checkbox"/> Excuse	<input type="checkbox"/> Repair	<input type="checkbox"/> Discount	<input type="checkbox"/> Other
REQUEST:				

Claimant signature

Company signature