



ALTERNATIVE DISPUTE RESOLUTION FOR AIR TRANSPORT USERS

1. (Claimai	nt's per	sonal data								
	Type (*)		Name		t name 1	Last name 2	2 ID/NIE	E/Passport	Ide	ntity Verif. (Y/N)	
(*) Tv	ne Adult Mir	nor child (2 to	14 years old). Child	Lunder the age of 2	For minor child it is	not mandatory to ind	icate the ID/NIF/Pas	snort hut you sho	ould atta	sch a document that	
		l guardianship		andor the age of 2.	T OT THINIOT OTHIC ICTO	The managery to ma	iodio ino ib/iviz/i do	oport, but you one	ouiu ullu	ion a accument that	
2 1	Doto fo		unications	, pilkpooo							
	2. Data for communications purposes 1. Email*:										
2. A	ddress:										
3. Location:						4. PC:					
5. P	rovince:					6. Country:					
7. P	hone:					8. Phone 2:					
0 P	referred m	eans for AF	SA to make co	mmunications/n	otifications:/to	select between "E	Electronic Media	" or "Postal M	lail"\		
3.1	referred in	Cario foi AL	LOA to make co	minumeations/ii	otineations.(to	SCICCI DCIWCCII L		or rostarivi	iaii)		
*It ic	necessary	to fill this na	urt if you choose	Electronic Media							
Plea	se note tha	t if you choo	se "Electronic M	ledia" and you are		en or have a NIE, it					
certi	ricate accep	oted by AES.	A. If you are not	a Spanish citizen	or do not nave a	a NIE, you must red	quest the corresp	onding concert	еа кеу	s from AESA.	
3.	Repres	entative	data (if a	nv)							
In ca	ase of subm	nitting the cla	im for more tha	n 1 passenger or		h representative, fi			equentl	y attach the	
		<u>r the represe</u> ation type(*)		passenger. The p	erson who subm	it the claim it is co	nsidered as the re	presentative			
10.	торгозопа	ation typo()	•								
11. I	Name:			12. Last	name 1:	13. Last name 2:					
(*) T	vne of ren	recentation	· Parent_Guard	ian, Representa	itiva Consumai	· Organization					
() !	ype or rep	reseritation	. i alent-Ouard	ilan, rtepresenta	ilive, Consumer	Organization					
4 (Claim										
	ype of claim:										
				s and persons w							
15. L	ate of the cla	aim to the airli	ne:			16. Date of the claim	to the airport mana	iger:			
17. C	eparture Air	oort in which t	he incident occurre	ed:	<u>, </u>						
5 I	Eliabt d	lotaile /=							•		
rese	5. Flight details (Enter only the flight/s in which the incident occurred, single or return-way trip. If the flight has connections, within the same reservation code, enter all the flights connected)										
Inc	Reserv ation	Flight	Airline	Country orig	Airport Orig	Country dest	Airport dest.	Expected departure		Expected arrival	
IIIC	Code	Code	Airille	Country orig.	Airport Orig.	Country dest.	All port dest.	departure date/time		date/time	
0											
0											
0											
0											
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PAX-RALT-P01-F23E Ed.01

Email:
Sau.aesa@seguridadaerea.es





0										
It is	necessary	to mark in t	he first column	which was the	flight in which th	e incident occur	red.			
	6. Denied boarding details									
1. lr	1. Indicate the reason for the denied boarding/booking or PRM claim:									
	O Excess bookings / overbooking (overbooking). (if you check this option, fill in the points 2 to 7 of this Denied boarding details section)									
	 Health or safety reasons. (if you check this option, fill in the points 3 to 8 of this Denied boarding details section and indicate the reasons given for the denied boarding) Write the reasons given: 									
	 Problems with documentation presented in the check-in or boarding. (if you check this option, fill in the points 3 to 8 of this Denied boarding details section and indicate the reasons given for the denied boarding) Indicate the reason for the denied boarding/reservation or PRM claim Relative to the accreditation of your identity Relative to bonus tickets (Large family, residents) Other: 									
	 Disability or Reduced Mobility (PMR). (if you check this option, fill in the points 7 to 10 of this Denied boarding details section) Other reasons. (if you check this option, fill in the points 3 to 8 of this Denied boarding details section and indicate the reasons given for the denied boarding) Write the reasons given: 									
2. D	ia you voic	intarily give	up your bookir	ng on the flight?						
	O Yes. (If	you check this	s option, fill in the	e point 2.1.)						
	2.1. D	id you acce _l	ot additional be	enefits offered from	om the Airline?					
	0	Yes. (If you	check this optior	, enter the followir	ng additional bene	fits details)				
	2.1.1. Indicate amount: (€) 2.1.2. Payment method:									





	2.1.3. C	Comments:									
(○ No.										
O No. (If yo	O No. (If you check this option, fill in the point 2.2.)										
2.2. Have you received any compensation for the denied boarding?											
Ye	Yes. (If you check this option, enter the following compensation details)										
	 2.2.1. Indicate amount: (€) 2.2.2. Payment method: Cash Bank Transfer Check Travel bonuses Card credit Other modes : 										
	2.2.3. Comments of the compensation:										
○ No											
☐ 3.1. Ref ☐ 3.2. Alte transport off	3.1. Refund ☐ 3.2. Alternative transport to your final destination as soon as possible. (If you check this option, please indicate below the means of transport offered to you by the airline and the data of the transport, if you know them) ☐ 3.2.1. With a flight from the same airline? 3.2.1.1. Information of the alternative flight:										
Flight Ai	irline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure	date/time Real	Arrival d			
-						EXPECTED		Expected	Real		
						Expected	rtoui	Expected	Real		
						Expected	rteal	Expected	Real		
						Expected	Todi	Expected	Real		
○ 3.2.		flight from at				Expected	T NOW	Expected	real		
Eliaht	3.2.2.	1. Information	of the alternati	ive flight:	Aim	Departure		Expected Arrival d			
Eliaht		_			Airport dest.						
Flight Ai	3.2.2.	1. Information	of the alternati	ive flight:	Airport dest.	Departure	date/time	Arrival d	ate/time		
Flight Ai	3.2.2.	1. Information	of the alternati	ive flight:	Airport dest.	Departure	date/time	Arrival d	ate/time		
Flight Ai	3.2.2.	1. Information	of the alternati	ive flight:	Airport dest.	Departure	date/time	Arrival d	ate/time		
Flight Ai	3.2.2.	1. Information	of the alternati	ive flight:	Airport dest.	Departure	date/time	Arrival d	ate/time		





Means of	transport	Country orig.	City orig	j. Col	untry dest.	City dest.	Departure d	late/time A	rrival date/time			
□ 3. 4. Indic. □ 4.	 4.1. Refund. (If you check this option, please fill in the refund details below) 4.1.1. Indicate the price of the ticket: (€) 4.1.2. Enter the refunded amount: 4.1.3. Refund form: 											
	☐ Cash ☐ Bank Transfer ☐ Check ☐ Travel bonuses ☐ Card credit ☐ Other modes :											
□ 4. by th	4.1.4. Refund Comments: \[\textstyle 4.2. Alternative transport offered to me by the airline. (If you check this option, please indicate below the means of transport offered to you by the airline and the data of the transport) \[\textstyle 4.2.1. With a flight from the same airline? 4.2.1.1. Information of the alternative flight:											
Flight						Departure	date/time	Δrrival	date/time			
Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Expected	Real	Planned	Real			
						1						
								•				
I	□ 4.2.2. With a flight from another airline? 4.2.2.1. Information of the alternative flight:											





Flight	Airline		Country orig.	Airport orig.	Countr	v dost	Airport dest.	Departure date/time Arrival date/time		ate/time		
Code	Allille		Country ong.	All port ong.	Count	y uest.	Airport dest.	Expected	Real	Planne	ed	Real
	- 400 W	/:4l	-41									
	⊔ 4.2.3. W	itn (other means o	r transport?								
		4.2	.3.1. Indicate w									
Means of transport		Country orig.	City orig] .	Со	untry dest.	City dest.	Departure	Departure date/time		Arrival date/time	
□ 4	.3. I bough	ıt a t	ticket on my o	wn to reach n	ny final	destin	ation. (If you ch	neck this option, p	lease indicate be	low the me	ans of	transport
offer	ed to you by	the a	airline and the da	ata of the transpo	rt).							
(For	uns concept	., you	must attach the	ilight tickets and	ine purc	nase tici	kets to get the pa	syment of the airli	ile)			
	4.3.1. Ind	licate	e which means	of transport ye	ou trave	lled wit	h:					
	□ 4.3 .	1.1.	With a flight f	rom the same	airline	?						
Flight								Departure	date/time	Ar	rival d	ate/time
Code	Airline		Country orig.	Airport orig.	Countr	y dest.	Airport dest.	Expected	Real		Planned Real	
					l			<u> </u>		I		
	□4.3.1	.2. V	Nith a flight fr	om another a	irline?							
									1			
Flight Code	Airline		Country orig.	Airport orig.	Countr	y dest.	Airport dest.	Departure Expected	Real	Arrival date/time Planned Rea		ate/time Real
		J						ı				
	□4.3.1	.3. V	Nith other me	ans of transp	ort?							
Means of	f transport		Country orig.	City orig	1.	Col	untry dest.	City dest.	Departure of	date/time	Arı	rival date/time
							,	,				
	4.3.1.4. Amount paid for this concept: (€)											
	4.3.1.4 4.3.1.5	. Am	nount paid for the	nis concept: (€ alternative tra) nsport:							
4.3.1.5. Comments of the alternative transport:												
□ 4	.4. I decide	ed n	ot to fly									





□ 4	.5. My trip	had no reason to	be and I deci	ded to return t	o my initial ori	igin. (If you chec	k this option, fill	in the point	4.5.1.)		
4.5.1. Did you return to your origin with a transport offered to you by the airline?											
O Yes											
○ Yes ○ No. (If you check this option, fill in the point 4.5.1.1.)											
	4.5	5.1.1. Did you buy a	a return ticket t	to your origin?							
	(For this concept, you must attach the tickets to get the payment of the airline)										
	○ Yes. (If you check this option, please indicate below the means of transport offered to you by the airline and the data of the transport)										
	☐ 4.5.1.1.1. With a flight from the same airline?										
Fr. 1.		- 4.3.1.1.1. V		om the same a	all lille:	г .	1.1.11:			1. (C	
Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure Expected	date/time Real	Ar Planne	rival da ed	te/time Real	
									+		
		□ 4.5.1.1.2. V	Vith a flight fr	om another ai	rline?						
Flight			-			Departure	date/time	Ar	rival da	te/time	
Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Expected	Real	Planne		Real	
		□ 4.5.1.1.3. V	Vith other me	ans of transpo	ort?						
Means of	transport	Country orig.	City orig	. Cou	ntry dest.	City dest.	Departure of	date/time	Arriv	ral date/time	
		45114 Indi	cate the amou	ınt paid for this	concent: (€)						
				alternative tran							
		○ No									
5. Did th	e airline of	fer you care (food,	drink, hotel)	?							
0 Y		•	,								
٠.		elow for the care of	fered (vou can	select one or r	more).						
					ŕ						
		ccommodation if ransportation betv									
		rink and food vo free phone call	s, faxes or en	nails							
0 N		-									
		ve to buy on your o	wn?								





(For this concept, you must attach the tickets to get the payment of the airline)
□ Accommodation if necessary, until the departure date □ Transportation between the accommodation and the airport □ Drink and food □ Two free phone calls, faxes or emails
7. Were you informed of your passenger rights due to the denied boarding? (Or due to the denied reservation in case of PRM)
○ Yes ○ No
8.Have you received any compensation?
○ Yes. (If you check this option, enter the following compensation details)
8.1.1. Indicate amount: (€) 8.1.2. Payment method:
○ No
If your claim is not related to denied boarding/non-admission reservation to person with disability or reduced mobility (PRM), do not fill in the points 9 and 10 of this section
9. Denied boarding / non-admission reservation to person with disability or reduced mobility (PRM)
Please indicate the reason for your claim (choose only one option):
☐ 9.1. Flight booking denial
9.1.1. Indicate, if you know it, the reasons given:
9.1.2. Were you offered acceptable alternative transport to travel?
○ Yes. (If you check this option, indicate the alternative transport offered)





		9.1.2.1. Indicate	e the alternativ	e transp	oorts off	ered:					
	○ No										
	□ 9.2. Denie	d boarding									
		icate, if you kno	w it, the reaso	n given:							
	9.2.2. Select which of the following options the airline offered you:										
	(9.2.2.1. Altern y the airline and the	native transpor	t. ((If you	check t	his option, please	e indicate below t	he means of trar	nsport offere	d to y	ou
	~	4.1.1.	Indicate the price	e of the ti	cket: (€)						
			Indicate the ref Refund form:		nount:						
				Cash Bank							
				Transfer Travel bo							
				Card cre Other mo	odes :						
			Vith a flight fro								
Flight	A ' I'		0.2.2.1.1. Inform				Departure	date/time	Ar	rival d	late/time
Code	Airline	Country orig.	Airport orig.	Counti	y dest.	Airport dest.	Expected	Real	Planne	d	Real
		○ W i	ith a flight fro	m anoti	ner airli	ne?					
		9	0.2.2.1.2. Inforr	nation o	the alt	ernative flight:					
Flight	Airline	Country orig.	Airport orig.	Count	y dest.	Airport dest.	Departure	date/time			ate/time
Code	7 til lill lo	Country ong.	7 th port ong.	Count	y dost.	7 iii port dest.	Expected	Real	Planne	:d	Real
		○ W i	ith other mea	ns of tra	ansport	:?					
							4	41.			
		ຮ	7.2.2.2.3. ITIQIC	ate write	n mean	s or transport y	ou travelled wi	uı.			
Means of	transport	Country orig.	City orig	g.	Cou	ıntry dest.	City dest.	Departure	date/time	Arr	rival date/time
		C	2214 Comr	ments of	f the alte	ernative transp	ort.	I			
		V		nonto o	i ilio ditt	omanvo nanop	ort.				





 \bigcirc 9.2.2.2. They didn't offer me anything:

 □ 9.3. If your claim is not due to a denied boarding or booking, please indicate below the reasons for the claim □ Lack of assistance or inappropriate assistance from the airline □ Lack of assistance or inappropriate assistance from the arrival airport. □ Problems with the assistance dog. □ Damage or loss of the reduced mobility equipment. □ Charge for the transport of medical equipment and/or reduced mobility. □ Others. Please specify: 	
10. Did you request special assistance to PRM? (choose only one option)	
\square 10.1. Yes, more than 48 hours before the flight departure	
10.1.1. Who did you request such assistance from?	
10.1.1.1 Airline. Enter name:	
10.1.1.2. Travel Agency or Tour Operator. Enter name:	
10.1.1.3. Airport. Enter name:	
10.1.1.4. Others:	
□ WCHR: Self-sufficient passengers to climb or lower stairs, as well as to move inside the aircraft, but who not wheelchair or other means for the transfer between the aircraft and the terminal, through the terminal itself between the airport arrival and departure points. □ WCHC: Passengers completely stationary, who can travel only with wheelchair or other similar means and we need assistance at all times from the moment they show up at the airport to their location on the plane, even specific seats (analogous for arrival passengers). □ DPNA: Passengers with some type of intellectual or developmental disability. □ DEAF: Passengers with hearing impairments, deaf or deaf-mute. □ BLDN: Passengers with visual impairments. □ WCHS: Passengers who require assistance in climbing or descending stairs, who need a wheelchair or other means for the transfer between the aircraft and the terminal, through the terminal itself or between the aircraft and departure points., but who are self-sufficient to operate within the aircraft. □ DEAF_BLND: Deaf and blind passengers, who need a companion.	f or who n in
□ 10.2. Yes, less than 48 hours before the flight departure	
10.2.1. Who did you request for such assistance?	
10.2.1.1. Airline. Enter name:	
10.2.1.2. Travel agency or tour operator. Enter name:	
10.2.1.3. Airport. Enter name:	
10.2.1.4. Others:	
10.2.2. Please indicate the type of assistance requested: ☐ WCHR: Self-sufficient passengers to climb or lower stairs, as well as to move inside the aircraft, but who no wheelchair or other means for the transfer between the aircraft and the terminal, through the terminal itself	
between the airport arrival and departure points.	





 □ WCHC: Passengers completely stationary, who can travel only with wheelchair or other similar means and who need assistance at all times from the moment they show up at the airport to their location on the plane, even in specific seats (analogous for arrival passengers). □ DPNA: Passengers with some type of intellectual or developmental disability. □ DEAF: Passengers with hearing impairments, deaf or deaf-mute. □ BLDN: Passengers with visual impairments. □ WCHS: Passengers who require assistance in climbing or descending stairs, who need a wheelchair or other
means for the transfer between the aircraft and the terminal, through the terminal itself or between the airport arrival and departure points., but who are self-sufficient to operate within the aircraft. □ DEAF_BLND: Deaf and blind passengers, who need a companion.
□ 10.3. I didn't request special assistance.
7. Subject detail claim
Indicate your claims: What do you claim from the airline?
☐ Refund for care costs (food, drink, accommodation and airport-accommodation transport)
Enter amount claimed:(€)
☐ Compensation provided for in EC Regulation No 261/2004
☐ Refund of the alternative transportation I had to buy
☐ Refund of the cost of the unused plane ticket
\square Other. (If you check this option, indicate the amount claimed and what you are claiming)
Enter amount claimed:(€)
Observations:
Please note that in order to get the requested amounts from the airline you must attach the corresponding tickets or receipts to this claim.
8. Description of the facts
Description of the facts Brief descriptions of the facts





Essential documentation to attach with this claim:

- 1. Copy of the boarding pass, ticket or contract of carriage of each of the passengers included in the claim.
- 2. Copy of the DNI/NIE/ID/Passport of each of the passengers included in the claim and the representative if applies.
- 3. Prior claim to the airline / airport manager and its response, if available.
- 4. Authorisation of representation of each passenger if there is more than 1 passenger or 1 passenger with representative.

The person who submit the claim it is considered as the representative.

If you submit the claim without using the electronic media or in anonymous way using the webside, you must always attach a copy of the DNI/NIE/Passport.

We inform you that it is essential that you first address your claim to the airline and wait for the airline's respond or wait at least 30 days, as a prerequisite in order to file your claim to AESA.

If AESA is not the competent authority for processing my claim in accordance with the Regulations (EC) No 261/2004 and 1107/2006, I authorize AESA to transfer it to the competent authority if it belongs to an European Union country.

authorize AESA to transfer it to the competent authority if it belongs to an European Union country.						
□ Yes						
□ No						

9. Data protection clause

The Spanish Aviation Safety and Security Agency (hereinafter AESA), as Responsible for the Processing of your personal data in compliance with Organic Law 3/2018, of 5 December, on Protection of Personal Data and Guarantee of Digital Rights, and with Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27 April 2016, on the protection of individual persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation) informs you, explicitly and unequivocally, that your personal data obtained from "the information / documentation provided by the citizen in your claim" will be processed by the processing "Management of complaints on European passenger rights regulations (RMP, cancellations, delays and denied boarding)" and for the purpose of:

To "Manage complaints on European passenger rights regulations (RMP, cancellations, delays and denied boarding) against airlines and airports". The user may not deny his/her consent as this is a legal obligation, defined by "REGULATION (EC) NO. 261/2004 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCI, of 11 February 2004, establishing common rules on compensation and assistance to passengers in the event of denied boarding and of cancellation or long delay of flights, and repealing Regulation (EEC) No 295/91", and by "REGULATION (EC) No. 1107/2006 of the EUROPEAN PARLIAMENT AND OF THE COUNCI, of 5 July 2006, concerning the rights disabled persons and persons with reduced mobility when travelling by air."

This processing of personal data is included in the AESA Register of Personal Data.

The legality of the processing is based on a legal obligation.

Personal information will be retained as long as it is necessary or your right of cancellation or deletion is not exercised.

The information may be transferred to third parties to collaborate in the management of personal data, only for the purpose described above. The category of personal data that are processed are only "Identification data (name, ID, address, e-mail address, signature, position...) and Data contained in the complaints".

In accordance with the provisions of the aforementioned Organic Law on Data Protection and Guarantee of Digital Rights and also the aforementioned General Data Protection Regulation, you can exercise your rights of Access, Rectification, Suppression, Portability of your data, and of Limitation or Opposition to the processing by contacting the Data Protection Officer through your sending of a communication to the e-mail address dpc.aceago.edu.communication to the e-mailto:

For further information on the processing of personal data, click on the following link: https://www.seguridadaerea.gob.es/lang_castellano/normativa_aesa/protecc_de_datos/registro/default.aspx

10. Date and signature





The applicant declares that all the data contained in this application and in the accompanying documents are true.	18. Place: 19. Date:
	20. Signature: