MINISTERIO
DE TRANSPORTES, MOVILIDAD
Y AGENDA URBANA

AESA AGENCIA ESTATAL
DE SEGURIDAD AÉREA

ALTERNATIVE DISPUTE RESOLUTION FOR AIR TRANSPORT USERS

1. Claimant´s personal data

Type (*)	Name	Last name 1	Last name 2	ID/NIE/Passport	Identity Verif. (Y/N)

(*) Type: Adult, Minor child. For passengers aged 14 or under on domestic flights, it's not necessary to provide a DNI or Passport if they don't have one.

2. Data for communications purposes

1. Email*:

2. Address:

3. Location:	4. PC:
5. Province:	6. Country:
7. Phone:	8. Phone 2:

9. Preferred means for AESA to make communications/notifications:(to select between "Electronic Media" or "Postal Mail")

*It is necessary to fill this part if you choose Electronic Media
Please note that if you choose "Electronic Media" and you are a Spanish citizen or have a NIE, it is essential that you are in possession of a digital certificate accepted by AESA. If you are not a Spanish citizen or do not have a NIE, you must request the corresponding concerted keys from AESA.

3. Representative data (if any)

Once the representation has been properly validated, all communications related to this procedure will be carried out exclusively with the authorized representative. If the claim includes underage passengers, custody must be proven through one of the followingdocuments: family record book, birth certificate, or court ruling.

10. Representation type(*)(*):

11. Name:	12. Last name 1:	13. Last name 2:

(*) Type of representation: Parent-Guardian, Representative, Consumer Organization

4. Claim

14. Type of claim:
Denied boarding and/or disabled persons and persons with reduced mobility (PRM)

15. Date of the claim to the airline:	16. Date of the claim to the airport manager:

17. Please indicate the departure airport of the first
flight in your booking:

5. Details of the flight or flights in the booking (outbound or return). (Please note that if you had an incident on both your outbound and return flights, you need to send separate claims)

Inc	Reservation Code	Flight Code	Airline	Country orig.	Airport Orig.	Country dest.	Airport dest.	Expected departure date/time	Expected arrival date/time
○									
○									
○									
○									

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Email:
Sau.aesa@seguridadaerea.es   www.seguridadaerea.gob.es

PASEO DE LA CASTELLANA, 112
28046 MADRID
TEL: +34 91 396 82 10

○									

It is necessary to mark in the first column which was the flight in which the incident occurred.
If your booking includes connecting flights, please enter all of them.

6. Denied boarding details

1. Indicate the reason for the denied boarding/booking or PRM claim:

    ○ **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. Did you voluntarily give up your booking on the flight?

    ○ **Yes.** (If you check this option, fill in the point 2.1.)

        2.1. Did you accept additional benefits offered from the Airline?

        ○ **Yes.** (If you check this option, enter the following additional benefits details)

        2.1.1. Indicate amount: (€)
        2.1.2. Payment method:
        ☐ Cash
        ☐ Bank Transfer
        ☐ Check
        ☐ Travel Payment method bonuses
        ☐ Card credit
        ☐ Other modes :

        _____

2.1.3. Comments:

○ **No.**

○ **No.** (If you check this option, fill in the point 2.2.)

2.2. Have you received any compensation for the denied boarding?

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. Select which/which of the following options the airline offered you. If they did not offer anything to you, leave this question unchecked.

☐ **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 Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Expected	Real

○ **3.2.2. With a flight from another airline?**

3.2.2.1. Information of the alternative flight:

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Expected	Real

○ **3.2.3. With other means of transport?**

3.2.3.1 Indicate which means of transport you travelled with:

Means of transport	Country orig.	City orig.	Country dest.	City dest.	Departure date/time	Arrival date/time

3.2.4. Comments of the alternative transport:

☐ **3.3. Alternative transport to your final destination at a time after your convenience**

4. Indicate which of the following options you took(choose only one option):

☐ **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 :

4.1.4. Refund Comments:

☐ **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)

☐ **4.2.1. With a flight from the same airline?**

4.2.1.1. Information of the alternative flight:

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Planned	Real

☐ **4.2.2. With a flight from another airline?**

4.2.2.1. Information of the alternative flight:

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Planned	Real

☐ **4.2.3. With other means of transport?**

4.2.3.1. Indicate which means of transport you travelled with:

Means of transport	Country orig.	City orig.	Country dest.	City dest.	Departure date/time	Arrival date/time

☐ **4.3. I bought a ticket on my own to reach my final destination.** (If you check this option, please indicate below the means of transport offered to you by the airline and the data of the transport).
(For this concept, you must attach the flight tickets and the purchase tickets to get the payment of the airline)

4.3.1. Indicate which means of transport you travelled with:

☐ **4.3.1.1. With a flight from the same airline?**

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Planned	Real

☐**4.3.1.2. With a flight from another airline?**

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Planned	Real

☐**4.3.1.3. With other means of transport?**

Means of transport	Country orig.	City orig.	Country dest.	City dest.	Departure date/time	Arrival date/time

4.3.1.4. Amount paid for this concept: (€)
4.3.1.5. Comments of the alternative transport:

☐ **4.4. I decided not to fly**

☐ 4.5. My trip had no reason to be and I decided to return to my initial origin. (If you check 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?

○ **Yes**
○ **No.** (If you check this option, fill in the point 4.5.1.1.)

4.5.1.1. Did you buy a return ticket 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?

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Planned	Real

☐ 4.5.1.1.2. With a flight from another airline?

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Planned	Real

☐ 4.5.1.1.3. With other means of transport?

Means of transport	Country orig.	City orig.	Country dest.	City dest.	Departure date/time	Arrival date/time

4.5.1.1.4. Indicate the amount paid for this concept: (€)
4.5.1.1.5. Comments of the alternative transport:

○ **No**

5. Did the airline offer you care (food, drink, hotel...)?

○ **Yes**

Check below for the care offered (you can select one or more):

☐ **Accommodation if necessary, until the departure date**
☐ **Shuttle between the accommodation and the airport**
  Drink and food
☐ **Two free phone calls, faxes or emails**

○ **No**

6. What did you have to buy on your own?

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(Remember that the claimed expenses must be supported by tickets or itemized invoices)

☐ **Accommodation if necessary, until the departure date**
☐ **Shuttle between the accommodation and the airport**
 Drink and food
☐ **Two free phone calls, faxes or emails**

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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:
    ☐ Cash
    ☐ Bank Transfer
    ☐ Check
    ☐ Travel bonuses
    ☐ Card credit
    ☐ Other modes :

    8.1.3. Comments of the compensation:

○ **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

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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 the alternative transports offered:

○ **No**

☐ **9.2. Denied boarding**

9.2.1. Indicate, if you know it, the reason given:

9.2.2. Select which of the following options the airline offered you:

○ 9.2.2.1. Alternative transport. ((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)

4.1.1. Indicate the price of the ticket: (€)

4.1.2. Indicate the refunded amount:

4.1.3. Refund form:
Cash
Bank
Transfer Check
Travel bonuses
Card credit
Other modes :

○ **With a flight from the same airline?**

9.2.2.1.1. Information of the alternative flight:

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Planned	Real

○ **With a flight from another airline?**

9.2.2.1.2. Information of the alternative flight:

Flight Code	Airline	Country orig.	Airport orig.	Country dest.	Airport dest.	Departure date/time		Arrival date/time	
						Expected	Real	Planned	Real

○ **With other means of transport?**

9.2.2.2.3. Indicate which means of transport you travelled with:

Means of transport	Country orig.	City orig.	Country dest.	City dest.	Departure date/time	Arrival date/time

9.2.2.1.4. Comments of the alternative transport:

○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 departure airport.**
☐ **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)

☐ **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:

10.1.2. 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 need 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.**
☐ **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.**

☐ **10.2. 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 need 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.**

☐ **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

1. 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**

☐ **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

1. 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.

☐ 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 dpd.aesa@seguridadaerea.es

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: