

## **Complaint Form**

Please be informed that we can only take further legal action if you have lodged your complaint with the establishment in question without achieving a satisfactory solution. When forwarding the form a specific fee must be paid, amounting to DDK. 150,-.

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1.	Name of plaintiff:	Telephone home:	Telephone work:
	Address:	Postcode:	City:
2.	The complaint concerns the following type of business:  Restaurant Hotel Hostel T	heme park Other type:	
3.	Name of defendant establishment:	Telephone:	
	Address:	Postal code:	City:

4. Which type of service did you book? (For instance function, accommodation, visit to theme park). And what was agreed? (Please enclose confirmation if any)

## ankenævnet

for hotel, restaurant og turisme

5.	5. Information given at the time of booking (please enclose brochure, offer or similar material)		
6.	Date of booking:	Date of arrival/ function:	Start/end of stay:
7.	Which price was agreed? (Please enclose confirmation or price-offer)		What did you pay?
	ex. Vat.	_ incl. Vat.	incl. Vat.
8.	Do you have a receipt, bill or similar?		
No, not received No, lost Yes (please enclose copy)		ise enclose copy)	
9.	The nature of your complaint – please specify:		

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10. When did you file your complaint with the defendant?				
How?				
In writing (if you have copies of the correspondence, please enclose)				
Orally				
11. Did you receive a reply? (If yes, please enclose a copy)				
When did you receive a reply?				
12. What are your claims?				
Refund of payment, wholly or partly Compensation Others, please specify				
13. Have your claims already been satisfied (how?)				
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<ul> <li>13. Have your claims already been satisfied (how?)</li> <li>14. Did the defendant submit the claim for collection?</li> <li>Yes (please enclose a copy)</li> <li>No</li> </ul>				



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15. Further information (please enclose copies of all relevant materials)					
I hereby confirm that the information given is correct and truthful.					
Place: Date:					
Signaturo					
Signature:					