

LETTER OF COMPLAINT

Fields marked with * are compulsory, while for complaints about Express Courier and Parcel products, fields marked with ** must also be completed. Consult the **Postal Services Charter** and the General Conditions of Service to find out about the characteristics of the individual products, the deadlines for submitting complaints, response times, refunds and how to activate the Conciliation Procedure.

omplaint filed by:	Namo*	Fiscal Code/VAT Code*		
			I iscai code	VAI Code
			City* F	
· .				
	, ,	,	cess the complaint and for sending the	'
		•	Landline phone	Letter
	ARCEL PRODUCTS SECTIO			
case of claim for loss, tamper	ents available only in case of dam in qu signati	ents, attach a copy of products and action and action and action and action and action	of of the damage suffered (receipt, com	tract number*Date of acceptance/Contr
Post Office Name*				
bmission Description				
	ontent**		Ship	ping cost
ncillary services			- 1	- -
Acknowledgement of Receipt	☐ Insurance - Declared value € *		🖵 Cash on delivery - Amount c/c	€ *
ender's data (Fill in only if diff				
			Fiscal Code/VAT	
		CIV.* ZIP CODE	City* F	Prov.* State*
	fferent from the complainant)			
			Fiscal Code/VAT	
		CIV.* ZIP CODE	City* F	Prov.* State*
,	n select more than one item)			
ELIVERY SERVICE	Discontinuous DeliveryOther letter carrier misconduct	Delivery to an unsuitable location	Notice of delivery without attempt	Failure/irregular compilation of the notice of delivery
(PRESS COURIER AND ARCELS - POSTAL	Non-delivery ☐ Missed appointment	Late Delivery ☐ Damage/	Missing/irregular return acknowledgement of receipt (AR/A	
ERVICES		Tampering	RAG Failure to perform the Servic	6) ☐ Other (Specify
No/delayed activation of Fo	llow Mo sorvice		randre to perform the dervice	
=		New addre	9SS	
OST OFFICE SECTION				
	uption affects the operation of the	Post Office		
•			Date/p	eriod of service disruption*
	oorvice dioraphori		Date, p	oned of dervice dieraption
st Office Name*	S	Street/Square		
eason for complaint (You ca	n select more than one item)			
OST OFFICE	☐ Excessive waiting in line		Lack of/incorrect delivery of services	Office hours not respected
PERATION	Lack of respect for privacy		on □ Lack of product/service	Inadequate environment
	ATM malfunction	forms Failure to display identification tags	☐ Lack of liquidity for collections	☐ Other (Specify
Iditional information // ! !!	ain appear for datailed description			
iditional information (USE tr	nis space for detailed description	or racts)		
ethod of collecting any reim	hursomont			
order to ask for the reimburse on the sender's proxy and co	ement it is necessary to enclose t py of the latter's identification do	cument.	ipping receipts. The sender or the addr	essee is entitled to reimbursement
,	n abroad, the refund will be paid i	to trie seriaer by the Fore	ign rusiai Operatur.	
Current account credit	IDANI* /The heart	uset be in the second	honofinions of the majoria	
case a postal or bank accou			beneficiary of the reimbursement) the eventual reimbursement by means	of a certified cheque made out to the

Poste Italiane, the data controller, informs you that, in accordance with the European Regulation on the protection of personal data, your data will be processed for purposes of assistance / complaint management. To know in detail the purposes, methods of treatment, subjects who may become aware of your personal data, exercise of your rights, please see the extended information in the dedicated section of the site https://www.poste.it/privacypolicy.html.

Client Signature

Space reserved for the Post Office	
Office of acceptance	Post Office Stamp
Date of acceptance	
Operator accepting the complaint	

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