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|  | **CIVIL AVIATION AGENCY OF LATVIA****Disabled Person and Person with Reduced Mobility Complaint/Comment Form** |
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| An electronic form may be found on [www.caa.lv](http://www.caa.lv/)  | To be submitted to**Civil Aviation Agency via e-mail:** **prm@caa.gov.lv** | CAA ref. No.      |
|  |
| **Personal information:** |
| Reporter is  \* |
| Name, surname       |
|  |
| **Contact Information:** |
| Address:       |
| City:       | Post code:       | Country:       |
| E-mail address:       \* | Phone number:       \* |
|  |
| **Complaint/Comment Information:** |
| Airline:        |
| Flight Date:       (Date Format: dd/mm/yyyy) |
| Flight Itinerary:       (Cities/Flight Number) |
| Description of Complaint/Inquiry \*:      |
|  |
| **Have you made a complaint to the:*** **managing body of the airport? Yes** **[ ]  No** **[ ]**
* **airline? Yes** **[ ]  No** **[ ]**
 |
| An outcome if ***Yes*** \*:      |
|  |
| ***Items marked with a \* are required*** |
|  |