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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**](mailto: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*** | | | | |
|  | | | | |