Complaint form

In order to improve its quality approach and to answer at best your needs, the Tourist Office of Dieppe-Maritime would like to collect your complaints.

Date: .....

□ Mr. □ Mrs. □ Ms. First Name: ..... Surname: .....
Address: .....
Post Code: ..... Town: .....
Phone: ..... Fax: .....
Email address: .....

I accept that my address and my phone number are communicated: yes ☐ no ☐

Complaint:

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Signature:

The tourist office assures the control of the transmission of the complaint.

The responsibility of the Tourist office Dieppe-Maritime could not be committed.

Thank you for submitting this document in the urn or for giving it directly to the Tourist Office hostess.

Cadre réservé au service qualité :

Date d'envoi du courrier au prestataire / partenaire concerné : .....

Date de la réponse du prestataire : .....