



COMPLAINT REGISTRATION FORM

TONY CLARKE'S BUILDING | WATERLOO ROAD | GRAND TURK
 TURKS AND CAICOS ISLANDS | TKCA 1ZZ
 Tel: (649)-338-2927 | Email: Complaints_Commission@gov.tc
www.Complaintscommissiontci.com

COMPLAINT INFORMATION	
Complaint Name:	
Date of Birth:	Nationality/Status:
Telephone:	Email:
Address:	
TYPE OF AUTHORITY COMPLAINT AGAINST	
☐ Government Department ☐ Government Board ☐ Statutory Body ☐ Other	
Name:	Title:
Telephone No.	Email:
Address:	
BRIEF DESCRIPTION OF COMPLAINT MALADMINISTRATION <i>tick (✓) option from list</i>	
☐ Unreasonable Delay in dealing with an investigation	☐ Abuse of any power (including discretionary powers)
☐ Administrative Action that was contrary to law	☐ Administrative Action that was unfair, oppressive or improperly discriminatory or based on procedures that are unfair, oppressive or improperly discriminatory
☐ Administrative Action based wholly or partially on a mistake of law or fact or irrelevant grounds	☐ Administrative Action related to the application or arbitrary or unreasonable procedures
☐ Negligence	☐ Other
Signature of Complainant	Date



STATEMENT OF COMPLAINT FORM

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COMPLAINANT STATEMENT

This Statement consisting of pages is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence, I shall be liable to prosecution if I have willfully stated in it anything I know to be false or do not believe to be true.

Signature of Complainant:

Date:

Witness

Date:

Describe the incident as clearly as possible include all relevant information that supports your Statement

