



**Cayman Islands Government**  
Ministry of Financial Services, Commerce and Environment

**INTERNAL COMPLAINTS PROCEDURE**

1. A complaint can be received from any member of the public. Once an Agency employee recognizes that a member of the public is not satisfied, they will inform her or him of the internal complaints procedure.
2. The person is initially asked to complete the Complaints Form and return it to the office. If it is not possible for complainant to complete the Complaints Form, then the staff member will write the complainant's details on the form and submit to their Head of Department. There is also a section for the staff member to note any observations and additional information about the complaint and complainant on the form.
3. Once the Complaints Form is received by a staff member, it is numbered and stamped with a date and forwarded to the Head of Department. If the Complaints Form was completed in person at the office, then the complainant would receive a photocopy of the stamped complaint form with complaint number. Otherwise a photocopy of the stamped complaint form will be sent to one of the complainant's contact details within two business days.
4. All Complaints Forms are forwarded to the Chief Officer by the close of business on the date that the Complaint Form was completed and/or received.
5. All complainants will be notified that a written response from the Head of Department or designated Senior Manager addressing the complaint will be sent within 10 working days. The written correspondence will include remedies and/or apologies where appropriate.
6. The Complaint Form, along with all written correspondences concerning the complaint, is filed in the Agency's Complaints File for 7 years.
7. Should the complainant not be satisfied with the response from the Agency, then the complainant would be advised that they could report their complaint to the Office of the Complaints Commissioner.
8. All Complaint Forms that are received, along with the outcomes, will be reviewed and discussed in a strictly confidential manner at regular staff meetings as an effort to improve service delivery.



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**COMPLAINTS FORM**

**Personal Details**

Please circle: Mr. Ms.		Date:
Surname:	First Name:	
Postal Address:		
Street Address:		
District of Residence:		
Contact Details:	Phone:	Cell:
Fax:	E-mail:	

**Nature of Problem**

Please indicate the nature of the complaint in the space below and provide the specific information requested.			
Date of incident		Name of Person Complaining About:	
Name of Service and/or Programme Complaining About:			

The information stated above is an accurate account of the complaint to the best of my knowledge. I understand that this complaint will be treated confidentially. However, it may be necessary for the Agency to contact me in order to obtain more information on the complaint, and I will assist as necessary. I also understand that by making a complaint, a decision may not necessarily be reversed, nor can the Agency guarantee that a policy will be changed. I understand that my complaint will be addressed in writing by a Senior Manager within 10 working days from which the complaint was received.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

OFFICE USE ONLY		Complaint # _____
Date Complaint Received:		Additional Information/Observations from Staff Member Receiving Complaint:
Was complaint received in writing? <input type="checkbox"/> Y <input type="checkbox"/> N  If Written Complaint, please circle method:  Hand Delivery    Mail Delivery    Fax    Email  Was Complaint received orally <input type="checkbox"/> Y <input type="checkbox"/> N  If Oral Complaint, please circle method:  By Phone                      In Person		
Staff Member Receiving Complaint: _____ Staff Member's signature: _____		
Date Complaint Investigation Began:		
Dates(s) Contacted Complainant for More Information:	Date Written Correspondence Sent to Complainant from Senior Manager:	

**Please return to:**  
 Ministry for Financial Services, Commerce and Environment  
 Government Administration Building (GAB)  
 Grand Cayman, Cayman Islands  
 Tel: 949-7900 Fax: 945-0941