



**IMMIGRATION**  
CAYMAN ISLANDS

**CAYMAN ISLANDS DEPARTMENT OF IMMIGRATION**  
*Complaint Form*

**PERSONAL DETAILS**

Please Circle: Mr. Mrs. Ms. Dr.		Date:	
Surname:		First Name:	
Postal Address:			
Street Address:			
District of Residence:			
CONTACT DETAILS:	Home:	Work:	Cell:
	Fax:	Email:	

**DETAILS OF COMPLAINT**

Please indicate the nature of the complaint in the space below. Provide a written and signed report, explaining the information and circumstances surrounding your complaint.			
DATE INCIDENT OCCURRED:		Name of Person(s) involved in Complaint:	
Section of Department or Service involved in Complaint:			

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 Department of Immigration 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 Department guarantee that a policy will be changed. I understand that my complaint will be acknowledged in writing by the Deputy Chief Immigration Officer, Admin, within 10 working days from when the complaint was received.

**Declaration**

I declare the information provided in this complaint to be correct and true to the best of my knowledge. I am aware that making a false statement or representation is a criminal offense and punishable under the Immigration Law 2009 (R)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DEPARTMENT OF IMMIGRATION USE ONLY</b>		<u>Complaint #:</u>
Date Complaint Received:	Additional Information/Observations from Staff Member Receiving Complaint:	
Was complaint received in writing? <b>Y / N</b> If Written Complaint, please circle method: <b>Hand Delivery      Mail Delivery      Fax      E-mail</b>		
Staff Member Receiving Complaint:		
Staff Member's Signature:		
Date Complaint Investigation Began:		
Date(s) Contacted Complainant for More Information:	Date Written Correspondence Sent to Complainant from Deputy Chief Immigration Officer:	