

**Personal Details**

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| --- | --- | --- | --- | --- | --- |
| Please circle: Mr. Mrs. Ms. Dr. | | | | Date: | |
| Surname: | | First Name: | | | |
| Postal Address: | | | | | |
| Street Address: | | | | | |
| District of Residence: | | | | | |
| Contact Details: | Home: | | Work | | 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 Unit, Section and/or Service 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 Department of Tourism, (DoT) 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 DoT guarantee that a policy will be changed. I understand that my complaint will be addressed in writing by the Director of DoT within 10 working days from which the complaint was received.**

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

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

|  |  |  |
| --- | --- | --- |
| DoT OFFICE USE ONLY Complaint #\_\_\_\_\_\_\_\_\_\_\_ | | |
| Date Complaint Received: | | Additional Information/Observations from Staff Member Receiving Complaint: |
| Was complaint received in writing?  ⬜ Y ⬜ N  If Written Complaint, please circle method:  Hand Delivery Mail Delivery Fax Email  Was Complaint received orally  ⬜ Y ⬜ 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 H: | |

**Please return to:**

**Director**

**Department of Tourism**

Windward Three, Regatta Office Park

West Bay Road, PO Box 67

Grand Cayman, Cayman Islands KY1-1102

Tel: (345) 244-1250 Fax: (345) 949-0493