

Human Rights Commission Cayman Islands Complaint Form

Note: The Human Rights Commission is only authorized-pursuant to Section 116 (6) (a) of the Cayman Islands Constitution Order 2009- to receive and investigate human rights breaches / infringements alleged to have been committed by the Cayman Islands Government, Public Authorities, or Public Officials

Part A – About you (the complainant)

1. Name Mr/Mrs/Miss/Ms: _____
2. Physical Address: _____
3. Mailing Address: P.O. Box _____ Postal Code: KY - _____
4. Contact numbers: Home: _____ Work: _____ Cell: _____
5. Email: _____

Only fill out this box if someone is assisting you with the complaint – for example a lawyer

Name of representative: _____

Organisation: _____

Physical Address:

Mailing Address:
P.O. Box _____ Postal Code: KY - _____

Contact numbers:
Work: _____ Cell: _____ Email: _____

Part B – Your complaint

Who are you complaining about? (Respondent)

1. Name of respondent: _____

2. Position of respondent _____

3. Name of organisation: _____

4. Physical Address: _____

5. Mailing Address: P.O. Box _____ Postal Code: KY - _____

6. Contact numbers: Work: _____ Cell: _____ Email: _____

If you are complaining about more than one organisation, please provide this additional information on an extra page.

Why are you complaining to the Commission?

I am complaining because I believe my right to (check all that apply) have been breached or infringed upon:

- | | |
|---|---|
| <input type="checkbox"/> Guarantee of Rights, Freedoms and Responsibilities | <input type="checkbox"/> Right to Life |
| <input type="checkbox"/> Torture and Inhumane Treatment | <input type="checkbox"/> Slavery or Forced or Compulsory Labour |
| <input type="checkbox"/> Personal Liberty | <input type="checkbox"/> Treatment of Prisoners |
| <input type="checkbox"/> Fair Trial | <input type="checkbox"/> No Punishment without Law |
| <input type="checkbox"/> Private and Family Life | <input type="checkbox"/> Conscience and Religion |
| <input type="checkbox"/> Expression | <input type="checkbox"/> Assembly and Association |
| <input type="checkbox"/> Movement | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Property | <input type="checkbox"/> Non-discrimination |
| <input type="checkbox"/> Protection of Children | <input type="checkbox"/> Protection of the Environment |
| <input type="checkbox"/> Lawful Administrative Action | <input type="checkbox"/> Education |
| <input type="checkbox"/> Public Emergencies | |

Part C – Further information

Supporting evidence

Please attach copies of any documents that may help us investigate your complaint (for example, letters, pay slips, doctor's certificates or references). If you cannot do this, please tell us about the documents or other evidence and how this evidence can be obtained.

What outcome are you seeking?

Have you followed the internal processes set up by respondent agency?

(For example if this is a complaint regarding employment have you followed your internal workplace rules for filing a complaint; if you are a prisoner have you followed the internal prisoner complaints process?)
If so, you must provide details of the complaint procedure followed and any outcome. You should also attach copies of any letters you have received from the agency.

Have you made a complaint about this to another external agency? (For example the Office of the Complaints Commissioner)

If so, you must provide details of the complaint, the agency it was made to and any outcome. You should also attach copies of any letters you have received from the agency.

Have you tried to resolve your complaint in any other way? (For example through mediation)

If so, please give details:

I hereby swear that the above information is accurate to the best of my knowledge and is provided in good faith.

Signature: _____

Date: _____

Remember

- to sign and date page 5 of this document; and
- attach copies of any relevant documents.

FAILURE TO PROVIDE ALL INFORMATION AND DOCUMENTS REQUESTED MAY DELAY OR
PREJUDICE THE CONSIDERATION OF YOUR COMPLAINT

Send your completed form to:

Chairman, Human Rights Commission
P.O. Box 391
Grand Cayman
CAYMAN ISLANDS KY1-1106
1st Floor Cayman Corporate Centre
George Town, Grand Cayman

Commissions Secretariat Use Only

Case Reference Number: _____ **Date Received:** _____

Name of Secretariat Representative: _____

Date Placed on the HRC Agenda: _____

Complaint Accepted and Investigated: Yes No

Date of Draft Report: _____

Date of Final Report: _____

Date of Publication of Final Report: _____

Release of Information Form

Consent to Release Information

I understand that the Human Rights Commission must work with various individuals and agencies to investigate the alleged breach or infringement of my rights as declared in the attached complaint form. Therefore I give my consent to the use and divulgence of any information the HRC feels is necessary to complete their investigation into this matter. I also understand that the HRC will use its discretion in sharing my information and that my information will only be shared with those persons or agencies considered necessary.

I understand that a final report will be published on the HRC website and will, unless there are persuasive reasons otherwise, include the names of the parties involved. Copies of final reports will also be sent to key personnel, including the respondent and representatives of the Cayman Islands Government, in an effort to ensure that any valid concerns receive the maximum possible exposure. Information will be released in accordance with the policies found in section six of this manual.

I understand that if I disclose or give the Commission reason to believe that I am engaged in criminal conduct then the Commission will report such matters to the Royal Cayman Islands Police ("RCIP"). Further I understand if a complaint alleges criminal conduct on the part of another then that conduct may also be reported to the RCIP.

Signature: _____

Date: _____