

**Human Rights Commission
Cayman Islands
Complaint Form**

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: _____

6. D.O.B.: _____ 7. Immigration File #: _____

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

Name of representative: _____

Organisation or capacity in which providing assistance: _____

Physical Address: _____

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

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

*for the limited circumstances in which another person may assist with a complaint please see the Commissions' policies and procedures section 6.7 in the document library at <http://www.humanrightscommission.ky> or contact the Secretariat on (345) 244 3865 or by email info@humanrightscommission.ky.

Part B – Your complaint

Who are you complaining about? (the 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"/> Right to Life | <input type="checkbox"/> Slavery or Forced or Compulsory Labour |
| <input type="checkbox"/> Torture and Inhumane Treatment | <input type="checkbox"/> Treatment of Prisoners |
| <input type="checkbox"/> Personal Liberty | <input type="checkbox"/> No Punishment without Law |
| <input type="checkbox"/> Fair Trial | <input type="checkbox"/> Conscience and Religion |
| <input type="checkbox"/> Private and Family Life | <input type="checkbox"/> Assembly and Association |
| <input type="checkbox"/> Expression | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Movement | <input type="checkbox"/> Non-discrimination |
| <input type="checkbox"/> Property | |

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.

Print Name: _____

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 KY1-1106
CAYMAN ISLANDS

Commissions Secretariat Use Only

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

Name of Secretariat Representative: _____

Date Placed on the Commission 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 Commission feels is necessary to complete their investigation into this matter. I also understand that the Commission 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 report may be published on the Commission website and will, unless there are persuasive reasons otherwise, include the names of the parties involved. Copies of reports will also be sent to key personnel, including the respondent and/or 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 further understand that if a complainant discloses or gives the Commission reason to believe that they are engaged in criminal conduct then the Commission may report such matters to the Royal Cayman Islands Police Service (“RCIPS”). If a complaint alleges criminal conduct on the part of another then that conduct may also be reported to the RCIPS. Any other offence, such as an immigration related offence may be reported to the Immigration Department.

Print Name: _____

Signature: _____

Date: _____