Ministry of Investment, Innovation & Social Development
Cayman Islands Government

Complaint Form

Ref Number

Section A : To be completed by Complainant

Please ensure all required fields (*) are completed.

Name* **Date***

Physical Address:

House# Street Name

Apt# Bldg Name Neighbourhood

Select your District

☐ Bodden Town ☐ West Bay ☐ East End ☐ George Town

☐ North Side ☐ Cayman Brac ☐ Little Cayman

Mailing Address P.O. Box Postal Code

Telephone Numbers*

Home Work Mobile

Email Address*

Department of Complaint:*

- ☐ Department of Children and Family Services
- ☐ Department of Financial Assistance
- ☐ Sunrise Adult Training Centre
- ☐ Ministry of Investment, Innovation & Social Development
- ☐ Computer Services Department
- ☐ Cybersecurity Unit
- ☐ Department of eGovernment
- ☐ Cayman Islands Centre for Business Development

Nature of complaint* (Please provide details of individuals involved, dates times etc.)

I wish this to be treated as my formal complaint.

_____

Signature

Please note that in accordance with our complaints procedures, you will receive an acknowledgement of receipt of your complaint within 5 working days. Where a full response is not possible within 5 working days we will notify you of the progress of your complaint and when a response can be expected.

Section B: To be completed by staff receiving the form/complaint

Received by **Date Received**

How was the complaint received? ☐ Written ☐ Verbal

Comments:

Actions already taken:

Signature _____ Date _____

Forward for Action to: ☐ Director ☐ Head of Section ☐ Others _____

Section C: To be completed by staff investigating complaint

Review/Analysis: (What was the cause of the problem?)

Reviewed by _____ Date _____

Corrective action: (What will be done to rectify the situation?)

Preventative action: (What action will be taken to prevent a recurrence of the problem?)

Where complainant details are provided, a response should be given within 5 working days.

Action by (Name) _____

_____ _____

Signature Date

Response provided on (date) _____

Update provided on (date) _____

Complainant wishes to pursue the matter further? ☐ Yes ☐ No

If yes, has the matter been referred to the Office of the Ombudsman? If yes, date referred: _____ ☐ Yes ☐ No

Thank you for completing this form. This form can be submitted via email to **miisdcomplaints@gov.ky.**
A copy of the Ministry's privacy notice can be found at **gov.ky/iisd.**