



## Complaints/Comment Registration Form

### PERSONAL DETAILS OF COMMENTOR

Name:

Date Of Birth:

Gender:    Male    Female

Telephone Number (*m*):

Telephone Number (*h*):

PO Box No:

Postal Code:

Island:

Physical Address:

District:

Email Address:

Signature:

Date:

### COMPLAINT / COMMENT DETAILS

Complaint / Comment Title:

CINICO Department Involved:

Government Employee Involved:

Date(s) of incident(s) leading to complaint/comment:

### COMPLAINT / COMMENT DESCRIPTION