

OFFICE OF THE OMBUDSMAN ST KITTS-NEVIS

COMPLAINTS FORM

PARTICULARS OF COMPLAINT

MR/MRS/MISS/MS

SURNAME:

GIVEN NAME(S):

OTHER

ADDRESS:

CONTACT NUMBERS:

WORK: _____ HOME: _____ CELL: _____

NATIONALITY: _____ OCCUPATION: _____

AGE GROUP: UNDER 18 YRS 18-30 YRS 31-45
46-60 YRS OVER 60

HOW COMPLAINT WAS MADE: IN PERSON ORALLY TELEPHONE LETTER EMAIL

WHICH GOVERNMENT MINISTRY/DEPARTMENT/PUBLIC AUTHORITY/GOVERNMENT BOARD/STATUTORY BODY ARE YOU MAKING A COMPLAINT ABOUT?

WHAT IS THE SUBJECT MATTER OF YOUR COMPLAINT? (INCLUDE DATE FIRST HAD NOTICE OF THE ADMINISTRATIVE ACTION AND DOCUMENTS YOU THINK MAY BE HELPFUL TO YOUR CASE)

DID YOU COMPLAIN TO THE ORGANISATION? YES NO

IF YES, WHEN: _____ TO WHOM: _____

IF NO, WHAT ARE YOUR REASONS?

WHAT DO YOU THINK SHOULD BE DONE TO CORRECT COMPLAINT?

SIGNATURE: _____ DATE: _____
FULL NAME