

## INSTRUCTIONS

- Please complete a separate form for each individual against whom a report/complaint is being made.
- Please write in BLOCK CAPITALS.
- All persons making reports/complaints are encouraged to provide complete information and as much supporting evidence as possible. The Commission will determine what consideration, if any, shall be given to reports/complaints made anonymously.

## PART A - YOUR PERSONAL DETAILS

Dr.	Mr.	Mrs.	Miss	Ms.	First Name		Surname	
Physical Address		House/Apt. Number, Street Name and District						
Mailing Address		PO Box			Postal Code		KY	
Occupation								
Work Phone				Mobile Phone				
Home Phone				Email				

**OPTIONAL** - Only fill out this section if someone is assisting you with the report/complaint - for example a lawyer.

Name of Representative								
Representative's organisation								
Relationship to Reporter/Complainant								
Physical Address		House/Apt. Number, Street Name and District						
Mailing Address		PO Box			Postal Code		KY	
Work Phone				Mobile Phone				
Home Phone				Email				

## PART B - YOUR REPORT/COMPLAINT

(Please identify the person against whom this report/complaint is made.)

Name of Individual								
Position								
Name of Organisation								
List your affiliation, if any, with this individual								
Date you became aware of the breach (in accordance with the Law the report/complaint must be made within one year)		Day/Month/Year						

## PART B - YOUR REPORT/COMPLAINT *(CONTINUED)*

Why are you reporting/complaining to the Commission?


What is your report/complaint?

In accordance with the Law please state the facts in support of your allegation.


*Continue on additional pages as needed...*

## PART C - DOCUMENTARY OR OTHER EVIDENCE

In accordance with the Law please list all attached documentary or other evidence accompanying your allegation.


If you believe there is evidence which would support your report/complaint, but which is not in your possession, please describe this evidence, how you are aware of it, where it is held and by whom.


## Declaration

I hereby declare that the above information is true to the best of my knowledge and belief. I understand that knowingly making a false or misleading statement to the Commission is an offence under section 17(2) of the Standards in Public Life Law, 2014. A person so doing is liable on summary conviction to a fine of up to CI \$25,000 or imprisonment for 2 years, or to both.

Signature

Date

Day/Month/Year

Remember to:

☐

sign and date this document

☐

attach copies of any relevant documents

Submit your completed form in person, via post or email to:  
Manager, Commissions Secretariat  
2nd Floor Artemis House, 67 Fort Street  
PO Box 391  
Grand Cayman KY1-1106  
CAYMAN ISLANDS  
[info@standardsinpubliclifecommission.ky](mailto:info@standardsinpubliclifecommission.ky)

*\*Please note that the date the report/complaint is received by the Secretariat will be considered the date of submission.*

## Official Use Only

Case Reference Number

Date and Time Received

Name of Secretariat Representative

Date Placed on the Commission's Agenda

Report/Complaint Subject to Further Action