

## 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.  Ms.  Other 
 First Name  Surname

Physical Address  House/Apt. Number, Street Name and District

Mailing Address  PO Box  Postal Code

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

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 Act 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 Act 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 Act 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 CSPL is an offence under section 17(2) of the Standards in Public Life Act. 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  
4th Floor George Town Financial Center, 90 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