



CAYMAN ISLANDS FIRE SERVICE



COMPLAINTS FORM

| Personal Details | |
|---|-------------------|
| Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____ | Date: _____ |
| Surname: _____ | First Name: _____ |
| Postal Address: _____ | |
| Street Address: _____ | |
| District of Residence: _____ | |

| Contact Details: | Home: _____ | Work: _____ | Cell: _____ |
|-------------------|-------------------|---------------|-------------|
| Fax (home): _____ | Fax (work): _____ | E-mail: _____ | |

| Nature of Problem | | | |
|--|-------------------------------|---|--|
| Please indicate the nature of the complaints in the space below and provide the specific information requested (please use extra sheets if needed) | | | |
| | | | |
| Date incident occurred: _____ | Time incident occurred: _____ | Name of person complaint is being made against: _____ | |
| Name of service and/or programme complaint is being made against: _____ | | | |

To the best of my knowledge the information stated above is an accurate account of my complaint. I understand that this complaint will be treated confidentially. However, it may be necessary for the Fire Service to contact me in order to obtain more information on the complaint, and I will assist as necessary. I also understand that by making a complaint, a decision may not necessarily be reversed, nor can the Cayman Islands Fire Service guarantee that a policy will be changed. I understand that my complaint will be addressed in writing by the Chief Fire Officer within 10 working days from the date I make this complaint. Finally I understand that the complexities of investigating complaints may require additional time. If so, I will be notified in writing within 10 working days and I will be given a new date.

Signature: _____

Date: _____

| | | |
|--|--|--|
| CIFS USE ONLY | | Complaint #: |
| Date Complaint received: | | Time Complaint received: |
| Was complaint received in writing? Y <input type="checkbox"/> N <input type="checkbox"/> If written complaint, tick method submitted: By Hand <input type="checkbox"/> Mailed <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Was complaint received verbally Y <input type="checkbox"/> N <input type="checkbox"/> If verbal complaint, tick method: By Phone <input type="checkbox"/> In Person <input type="checkbox"/> | | Additional information/observations from staff member receiving complaint: |
| Staff member receiving complaint: | | |
| Staff members signature: | | |
| Date Complaint of Investigation Began: | | |
| Date(s) contacted complainant for more information: | | Date written correspondence sent to complainant by the Chief Fire Officer: |

Please return to:

***Human Resource Department
Cayman Islands Fire Service
148 Owen Roberts Dr
P.O. Box 1804
Grand Cayman KY1-1109
Cayman Islands
Tel: 949-2499 Fax: 949-0268***