

Montserrat  
Complaints Commission Rules 2013  
S.R.O. of 2013

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SCHEDULE

*Form 1*

MONTSERRAT  
COMPLAINTS COMMISSION

*(rule 3)*

**COMPLAINT FORM**

**SECTION A— PERSONAL DETAILS**

Title:      Dr.            Mr.            Mrs.            Ms.            Other

**LAST NAME** of Complainant

**FIRST NAME** of Complainant

Middle Initials

.....

.....

.....

Residential address

.....

Email address

.....

.....

Postal address (*if different from mailing address*)

Telephone number

.....

.....

.....

**\*\*If submitted on behalf of the Complainant:**

Name of Applicant

.....

Postal address of Applicant

.....

.....

Email address

.....

Telephone number

.....

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Relationship to Complainant/Capacity in which you are performing

.....

Do you have Complainant's authority to make the complaint on his/her behalf?

YES                      NO

Proof of authority exhibited:

YES                      NO

**SECTION B— DETAILS OF COMPLAINT**

Type of complaint:    Human rights complaint  
                                 Maladministration complaint  
                                 Other complaint (*please specify*).....

Which department of Government, public authority or person do you wish to complain about?

Please give details of the complaint.

*(Outline the background to the complaint and give a brief description of what you think the department of Government, public authority or person failed to do, or did wrongly. If there is not enough space here, please continue your comments on an additional sheet of paper and attach it to this form. Enclose copies of the relevant Documentary evidence to support your complaint.)*

On or about what date did the action complained of occur?

*DD/MM/YYYY*

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How has the matter affected you?

*(Describe how you have suffered or your interests have been affected)*

What would you regard as a reasonable remedy to your complaint?

If there has been a delay in telling us of your complaint, please state the reason(s) for the delay.

Have you complained to the department of Government,  
public authority or person concerned?

Yes

*(If yes, attach a copy of the complaint and the response you received.)*

No

*(If no, give reason for decision)*

Summarize what steps you have taken to try and resolve your complaint.

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If you have received a final decision on an appeal or request for review or reconsideration of your complaint, please indicate what the result was and why you are still unsatisfied.

**SECTION D— DECLARATION**

I claim to have suffered as a result of a breach or infringement of a human right or maladministration by the department of Government, public authority or person complained against and wish the Complaints Commission to carry out an investigation.

I declare that the information I have given is to the best of my knowledge and belief, true and complete.

Dated this ..... day of ....., 20.....

.....  
Signature of Complainant/Applicant

Submit your complaint by:

**Mail to:** Complaints Commission

c/o Constitution & Commissions Secretariat,

# 1 Farara Plaza, Brades,

Montserrat

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**Fax to :** (664) 491-6885

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**Email to:** \_\_\_\_\_@gov.ms

If you have any queries, please contact the Complaints Commission by telephone at (664) 491-2195