



Cayman Islands National Insurance Company (CINICO)
Complaints/Comment Registration Form

Details of Person Making the Complaint/Comment:

Name: _____
Date of Birth: _____
Telephone number (where a message for you can be left): _____
Mobile: _____ Home: _____
PO Box: _____ Island: _____
Email Address: _____
Signature: _____ Date: _____

Description of Complaint/Comment:

CINICO Department involved: _____
Government employee involved: _____
Date(s) of incident(s) leading to complaint/comment: _____

Summary of Complaint/Comment:
