



Complaints/Comment Registration Form

PERSONAL DETAILS OF COMMENTOR

Name:

Date Of Birth:

Gender: Male Female

Telephone Number (m):

Telephone Number (h):

PO Box No:

Postal Code:

Island:

Physical Address:

District:

Email Address:

Signature:

Date:

COMPLAINT / COMMENT DETAILS

Complaint / Comment Title:

CINICO Department Involved:

Employee Involved:

Date(s) of incident(s) leading to complaint/comment:

COMPLAINT / COMMENT DESCRIPTION