



CAYMAN ISLANDS
**NATIONAL
MUSEUM**

COMPLAINTS FORM

Personal Details

Please circle: Mr. Mrs. Ms. Dr.

Date:

Surname:

First Name:

Postal Address:

Street Address:

District of Residence:

Nature of Problem Please indicate the nature of the complaint in the space below and provide the specific information requested.

Date incident occurred:

Name of Person Complaining About:

Name of Service and/or Programme Complaining About: The information stated above is an accurate account of the complaint to the best of my knowledge. I understand that this complaint will be treated confidentially. However, it may be necessary for the Cayman Islands National Museum (CINM) 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 CINM guarantee that a policy will be changed. I understand that my complaint will be addressed in writing by the Director of the CINM within 10 working days from which the complaint was received.

Signature: _____ Date: _____

CONTACT DETAILS: Home:

Work:

Cell:

Fax: (345) 945-2786