



## COMPLAINTS FORM

All sections as marked \* are to be completed prior to lodging form at the Ministry.

All personal details remain CONFIDENTIAL!

Complaints will be acknowledged by the end of the next working day after receipt and an ultimate resolution can be expected within 30 working days.

\* Name of person making Complaint \_\_\_\_\_  
\* Address \_\_\_\_\_  
\* Contact Number/s \_\_\_\_\_ E-mail \_\_\_\_\_

### COMPLAINT DETAILS

\* Date of Incident (if relevant) \_\_\_\_\_ \* Time Location of Incident \_\_\_\_\_  
\* Who/What is the subject of your Complaint \_\_\_\_\_

\* Summary of Complaint/Issue

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### WITNESS DETAILS (if applicable)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime Contact Number \_\_\_\_\_

COMPLAINT OUTCOME:

As a result of making this complaint, is there any outcome you would like Yes \_\_\_ No \_\_\_

If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon signing this form, I agree that should legal proceedings be required I will APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH OF THIS COMPLAINT

\* Complainant: \_\_\_\_\_  
Name & Signature Date

Lodge Complaints to:

By e-mail: [TEATTcomplaints@sintmaartengov.org](mailto:TEATTcomplaints@sintmaartengov.org)

Hand delivered: Deliver to General Affairs, Ground Floor, Government Building

By mail: Ministry of TEATT, Government Building, Soualiga Blvd. 1, Philipsburg, St. Maarten

**TEATT OFFICE USE ONLY**

INVESTIGATION DETAILS

Name of Person investigating incident \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_ Date of Investigation \_\_\_\_\_

Customer complaint acknowledged Date: \_\_\_\_\_ (within 1 day of receipt)

Investigation Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIONS ARISING FROM INVESTIGATION

Date to be completed \_\_\_\_\_

Immediate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Investigator: \_\_\_\_\_

Signature

Date