



TURKS AND CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

Regulating with Honesty, Integrity and Transparency

COMPLAINTS SUBMISSION FORM

Please complete this form to file a complaint against the Commission. It is our goal to process complaints within 30 days of receipt. If a decision is not reached within 30 days, a holding response and an estimated completion date will be provided.

COMPLAINANT'S DETAILS

1. Name of Filer	2. Name of Person/Entity that is associated with or represents the Complaint (if different from 1)
3. Contact Details for Filer	4. Contact Details for Person/Entity in 2.
5. Email Address:	6. Email Address if different from person filing the complaint:
7. Contact Numbers: Mobile: Work:	8. Contact Numbers: Mobile: Work:
9. Address:	10. Address of entity:
11. Relationship of the Filer to Person/Entity in 2.	
12. Date of the Transaction/Event that is the Subject of the Complaint	
13. Name of the Officer(s) involved in the event/transaction being complained of:	



RELEVANT DEPARTMENT *tick (✓) option from list*

REGULATORY INVOLVED IN THE COMPLAINT	OPERATIONAL
<input type="checkbox"/> AML Supervision	<input type="checkbox"/> Human Resource and Administration
<input type="checkbox"/> Bank and Trust	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Insurance	<input type="checkbox"/> Finance
<input type="checkbox"/> Investment	<input type="checkbox"/> Registry
<input type="checkbox"/> Legal	<input type="checkbox"/> Managing Director/Deputy Managing Director
<input type="checkbox"/> Policy	<input type="checkbox"/> Commission General
Other:	

DETAILS OF COMPLAINT

Provide a full and detailed description of the transaction/event that is the subject of the complaint; identifying key persons involved and providing supporting documents

DATE OR PERIOD WHICH THE EVENT/TRANSACTION COMPLAINED OF OCCURRED:

Please attached supporting documents (if any), I confirm that I have attached additional documents

SUPPORTING DOCUMENT

Provide a list of attached supporting documents



OUTLINE ANY SUGGESTIONS THAT YOU HAVE FOR RESOLVING THE COMPLAINT

Date: _____

Complainants Signature: _____

Internal Use Only:

Reference #: _____

Date Received: _____

Date of Response to Filer: _____

Date Passed for Investigation: _____

Nature of Complaint: _____

Name & position of staff handling the complaint: _____

Whether transaction/event complained of is occurring for the 1st time: _____

If yes, specify the # of times: _____

response time: _____

Findings of Investigation: _____

Date of Board Report: _____

Date Closed: _____