

CARICOM POINT OF ENTRY /DEPARTURE / INLAND COMPLAINTS FORM

Mail form to the CSME Focal Point (contact information)

A. PERSONAL INFORMATION

Surname -----
First Name -----
Nationality -----
Sex -----
Passport Number -----
Address -----
Telephone -----
E-mail -----

IMMIGRATION ENTRY AND DEPARTURE INFORMATION

Point of Entry / Departure -----
Date of Entry / Departure -----
Arrived from / Going to -----
Arrived on / Departed on -----

B. NATURE OF COMPLAINT

1. Please indicate the government department(s) against which you make the complaint:
- | | | |
|---|---|--|
| <input type="radio"/> Immigration | <input type="radio"/> Customs | <input type="radio"/> Police |
| <input type="radio"/> Security | <input type="radio"/> Accreditation Council | <input type="radio"/> Registrar of Companies |
| <input type="radio"/> Ministry of : | <input type="radio"/> Other..... | |

2. Please indicate what your complaint relates to:
 Refused Entry Refused Boarding Treatment
 Refused Recognition Other

3. Please indicate the purpose of your visit and basis of your complaint:
 General travel
 Free Movement of Skills
 Free Movement of Capital
 The Right of Establishment
 Free Movement of Services
 Other

4. Briefly describe your complaint, focusing on the exact issue and the Ministries/ Departments involved.

5. Briefly describe steps you have taken to address the issue.

Signature ----- Date -----

This foregoing procedure is without prejudice to the CARICOM national's right to pursue legal action under the Revised Treaty of Chaguaramas.