Department of
Labour & Pensions
Cayman Islands Government

Submit To:
Complaints Manager - Department of Labour & Pensions
2nd Floor Midtown Plaza, #273 Elgin Avenue
P.O. Box 2182, Grand Cayman KY1-1105
Ph: 945-8960 | Fax: 945-8961 | Email: dlp@gov.ky

Dissatisfaction of Service Form

PERSONAL DETAILS

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Date: _____

Last Name: _____ First Name: _____

Postal Address: _____ KY - _____

Street Address: _____

Department or Organisation: _____

PERSONAL DETAILS

Work Ph: _____ Cell Ph: _____ Home Ph: _____

Email: _____

COMPLAINANT DETAILS

Date of incident: _____ **Name of Person incident occured (if applicable):** _____

Type of service complaint is about (if applicable): _____

Record the complaint below giving specific details:

The information stated above is an accurate account of the incident to the best of my knowledge. I understand that my complaint be will treated confidentially and will be addressed in writing by the Internal Complaints Manager of the DLP within 30-45 calendar days from date of receipt. I also understand that it may be necessary for the Department to contact me in order to obtain more information on the incident and I will assist as necessary. It is also understood that if I am not satisfies with the decision of the DLP, I can refer my case to the Office of the Ombudsman.

Signature: _____

Important Notice: The Department of Labour & Pensions (DLP) enforces the Labour Act (2021 Revision) and National Pensions Act (2012 Revision) (the "Acts") and engages with employers and employees to prevent breaches of these Acts by providing the necessary information and training to both parties in accordance of this Act. The information collected from an employer or an employee is derived from the completion of this document, which will not be shared with any other external persons and/or organizations. However, the information provided may be shared with the employer of an employee who has authorized the sharing of such information or requests a further investigation to be completed by the DLP. The information collected from this enquiry will be stored in DLP's secure database and used in investigations authorised by the provider and will be archived at the conclusion of the matter as per the National Archive and Public Records Act. Please visit www.gov.ky/dlp to read our Privacy Notice. To learn more about how we process your personal data or exercise your rights under the Freedom of Information Act (2021 Revision) and Data Protection Act (2021 Revision), please visit www.gov.ky/dlp or contact foi.dlp@gov.ky.

DLP OFFICIAL USE ONLY

Complaint # _____

Date complaint received (dd/mm/yy): _____

How was the complaint received: (tick one) ☐ Hand delivery ☐ Mail delivery ☐ Email

☐ In person ☐ By Phone

Name of staff receiving complaint: _____ Signature: _____

Additional information received regarding compliant:

Date Investigation began (dd/mm/yy): _____

Date(s) complainant was contacted:

Date written response was sent to complainant: _____