

INSTRUCTIONS

- Please complete a separate form for each individual against whom a report/complaint is being made.
- Please write in BLOCK CAPITALS.

PART A - REPORT/COMPLAINT DETAILS

Dr. Mr. Mrs. Miss Ms. First Name Surname

Physical Address House/Apt. Number, Street Name and District

Mailing Address PO Box Postal Code KY

Work Phone Mobile Phone

Home Phone Email

PART B - YOUR REPORT/COMPLAINT

Please identify the person against whom this report/complaint is made.

Who are you reporting/complaining about (if known)?

Name of Individual

Position

Name of Organisation

Physical Address House/Apt. Number, Street Name and District

Mailing Address PO Box Postal Code KY

Work Phone Mobile Phone

Home Phone Email

Why are you reporting/complaining to the Commission?

I believe or suspect the following offences (check all that apply) under the Anti-Corruption Law have been committed (see Schedule 1 for more information):

- Bribery of public officers and members of the Legislative Assembly
- Frauds on the Government
- Contractor subscribing to election fund
- Breach of trust by public officer or by a member of the Legislative Assembly
- Selling or purchasing office
- Influencing or negotiating appointments or dealing in offices
- False claims by public officers
- Abuse of office
- False certificates by public officers or by members of the Legislative Assembly
- Conflicts of interest
- Duty of a public officer and member of the Legislative Assembly to whom a bribe is offered etc.
- Secret commissions
- Bribing a foreign public officer
- False statements to the Commission
- Conspiracy, etc. to commit an offence under the Law

PART C - FURTHER INFORMATION (CONTINUED)

Do you have any documents, or other evidence, in your possession which supports your report/complaint? If so, please describe and attach.

If you believe there is evidence which would support your report/complaint, but which is not in your possession, please describe this evidence, how you are aware of it, where it is held and by whom.

Are there any other people who may be aware of this matter and may be able to assist the Commission in investigating it? If so, who are they and how may they be contacted?

What do you want to happen as a result of making this report/complaint?

PART C - FURTHER INFORMATION (CONTINUED)

Have you reported, or complained about, this matter to any other person or agency? If so, to whom or to which agency? What was the outcome? Please attach any relevant correspondence.

Have you tried to resolve this matter in any other way? If yes, please give details and attach any relevant documents.

Are you willing for the Commission to contact you further regarding this matter? If so, how would you like the Commission to do this?

<input type="checkbox"/> Mailing Address	<input type="text"/> PO Box	<input type="text"/> Postal Code	<input type="text"/> KY
<input type="checkbox"/> Work Phone	<input type="text"/>	<input type="checkbox"/> Mobile Phone	<input type="text"/>
<input type="checkbox"/> Home Phone	<input type="text"/>	<input type="checkbox"/> Other Phone	<input type="text"/>
<input type="checkbox"/> Email	<input type="text"/>		
<input type="checkbox"/> Other	<input type="text"/>		

Submit your completed form in person, via post or email to:
 Manager, Commissions Secretariat
 2nd Floor Artemis House, 67 Fort Street
 PO Box 391
 Grand Cayman KY1-1106
 CAYMAN ISLANDS
info@anticorruptioncommission.ky

Official Use Only

Case Reference Number	<input type="text"/>
Date and Time Received	<input type="text"/>
Name of Secretariat Representative	<input type="text"/>
Date Placed on the Commission's Agenda	<input type="text"/>
Report/Complaint Subject to Further Action	<input type="text"/>