

Reporting Form

All information and sources of information will be treated confidentially. Section 37 of the Anti-Corruption Law protects persons who disclose information to the Anti-Corruption Commission.

Part A – About you (OPTIONAL INFORMATION)

l. Name: Mr/Mrs/Miss/Ms:			
2. Physical Address:			
3. Mailing Address: P.O. Box		Postal Code: <u>KY</u> -	
4. Contact numbers: Work:	Cell: _	Home:	
5. Email:			
Part B – Your report			
Whom are you reporting (if known)?			
1. Name:			
2. Position:			
3. Name of organisation:			
4. Physical Address:			
		Postal Code: <u>KY</u> -	
5. Mailing Address: P.O. Box			
Mailing Address: P.O. Box Contact numbers: Work:	Cell:	Home:	



What are you reporting about?

Describe in detail the events that you want to make a report about. We need to know:

- What happened?
- When?
- Who was there?
- How did you become aware of this matter e.g. were you there, did someone tell you about it?
- When did you become aware of this matter? • Why do you say that what happened was corrupt or wrong?

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Part C – Further information

Are you making this report on behalf of someone else? YES NO If yes, how and when did you become aware of the incident?
Do you have any documents or other evidence in you possession which supports your report? If s please describe and attach.
If you believe there is evidence which would support your report which is not in your possession plea describe this evidence, how you are aware of it, where it is held and by whom.
Are there any other people who are aware of this matter and may be able to assist the Commission 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?
Have you reported this matter to any other person or agency? If so, to whom or to which agency? Wh was the outcome? Please attach any relevant correspondence.

Website: www.anticorruptioncommission.ky



Have you tried documents.	d to resolve this n	natter in any other way	v? If yes, please	give details ar	nd attach any relevant
•	g for the Commi	ssion to contact you f	urther regarding	this matter? I	If so, how would you
☐ Telephone	□ Cell	🗆 Work	Hom	ne	<u> </u>
□ Mail	P.O. Box	Postal	Code: <u>KY</u> -		_
□ E-mail					_
□ Other					_
DECLARAT	ION:				
Where a personal the course of statement whin made- (a) is false, (b) is not having automated that statement obligation.	on makes or cause the Commission ch to the knowle or intended to make thority or power unregardless whether to tell the truth,	ti-Corruption Law (20 ses any other person to the or such constable adge of the person mathrislead; or my other statement producer any law, or other error not the person the commits an offendemprisonment for a terror to the person the commits an offendemprisonment for a terror to the person the commits an offendemprisonment for a terror to the person the commits an offendemprisonment for a terror to the person to the person the commits an offendemprisonment for a terror to the person to	exercising any particle of the Control of the Statements of the St	y such person , or require to tement is und	red by this Law, any g the statement to be n to any other person be made, such other der any legal or other conviction to a fine of
•		e information and rele ovided in good faith.	evant supporting	g documentati	on is accurate to the
Signature:			Date: _		
0	ate this document es of any relevant				



Send your completed form to:
Manager, Commissions Secretariat
P.O. Box 391
Grand Cayman
CAYMAN ISLANDS KY1-1106
info@anticorruptioncommission.ky

Official Use Only		
Case Reference Number:		_
Date and Time Received:		
Name of Secretariat Representative:		
Date Placed on the Commission Agenda:		
Report Accepted and Investigated: Yes	No	

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