

Corruption Report/Complaint Form

Part A – About you (OPTIONAL INFORMATION)

1. Name: Mr/Mrs/Miss/Ms:			
2. Physical Address:			
3. Mailing Address: P.O. Box	x Postal Code: <u>KY</u> -		
l. Contact numbers: Work:	Cell:	Home:	
5. Email:			
Part B – Your Report/Complaint Whom are you reporting/complaining			
. Name:	,		
2. Position:			
3. Name of organisation:			
. Physical Address:			
5. Mailing Address: P.O. Box	Postal	Code: KY -	
6. Contact numbers: Work:	Cell:	Home:	
7. Email:			
/. Emaii:			

Website: www.anticorruptioncommission.ky

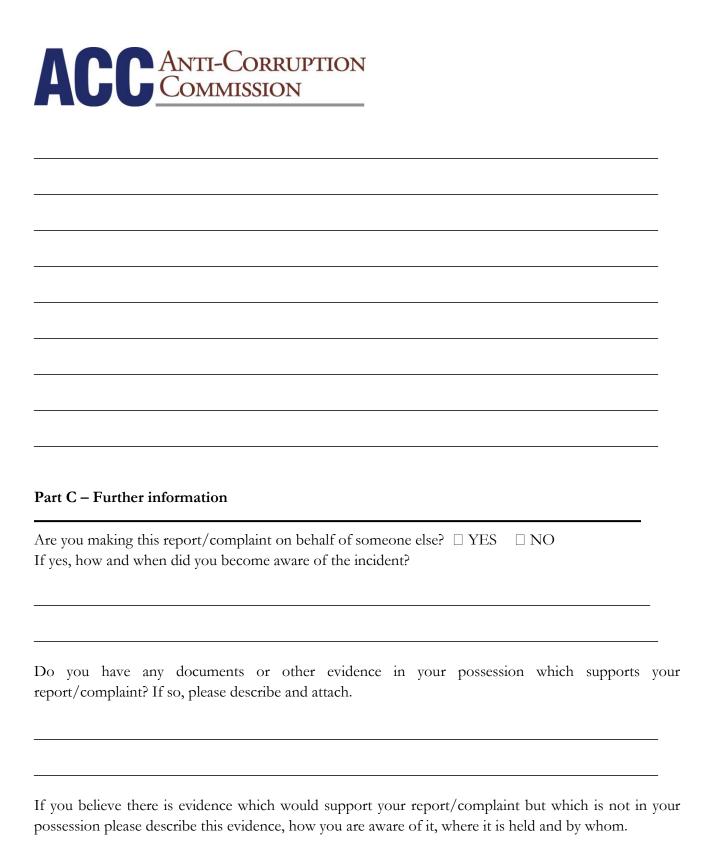


Why are you complaining to the Commission?

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 interests
☐ 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
What are you reporting/complaining about?
Describe in detail the events that you want to make a report/complaint about. We need to know:
• What happened?
• When?
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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 would you say that what happened was corrupt or wrong?

Email: <u>info@anticorruptioncommission.ky</u> Website: <u>www.anticorruptioncommission.ky</u>



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	; it? If so, who are they	and now may t	ney be contacted	.r	
What do you w	vant to happen as a res	sult of making th	is report/compla	aint?	
, .	orted, or complained al cy? What was the outco		, ,	_	•
Have you tried documents.	to resolve this matter	in any other wa	y? If yes, please	give details a	nd attach any relevan
,	g for the Commission ission to do this?	to contact you	further regarding	this matter?	If so, how would you
☐ Telephone	□ Cell	□ Work	Hom	ne	
□ Mail	P.O. Box	Postal	Code: <u>KY</u> -		_
□ E-mail					
□ Other					
□ Other					_

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DECLARATION:

I hereby declare that the above information is true to the best of my knowledge and belief. I understand that providing false, misleading, or inconsistent information to an investigator acting on behalf of the Anti-Corruption Commission may amount to an offence for which the punishment, on conviction under section 25 of the Anti-Corruption Law (2016 Revision), may be a fine of up to KYD\$10,000 or a term of imprisonment of up to 3 years.

Signature:	Date:	
Signature.	Datt.	
Remember to:		
☐ sign and date this document;	and	
☐ attach copies 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 Representa	tive:	
Date Placed on the Commission	ı Agenda:	_
Report/Complaint Subject to Fu	urther Action: Yes No	

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