OFFICE OF THE COMPLAINTS COMMISSION (OMBUDSMAN)

STATEMENT OF COMPLAINT FORM

TONY CLARKE'S BUILDING | WATERLOO ROAD | GRAND TURK
TURKS AND CAICOS ISLANDS | TKCA 1ZZ
Tel: (649)-338-2927| Email: Complaints_Commission@gov.tc
www.Complaintscommissiontci.com

COMPLAINTANT STATEMENT	
This Statement consisting of _____ pages is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence, I shall be liable to prosecution if I have willfully stated in it anything I know to be false or do not believe to be true.	
Signature of Complainant:	**Date:**
Witness	**Date:**

Describe the incident as clearly as possible include all relevant information that supports your Statement

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OFFICE OF THE COMPLAINTS COMMISSION (OMBUDSMAN)

CONTINUATION STATEMENT OF COMPLAINT

Signature of Complainant:	Date:

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Signature of Complainant:	Date: