



Trinidad & Tobago Transparency Institute (TTTI)

WORKING AGAINST CORRUPTION AND FOR GOOD GOVERNANCE

COMPLAINT FORM

Please complete in **BLOCK** letters

TTTI Official Use ONLY

Your Details

Title (Mr./Mrs./Ms.): _____ First Name: _____

Middle Name: _____ Surname: _____

Type of Client: Individual Group Unknown Organization
 Private Sector Company Generated by TTTI (ALAC)

Age: 17-24 25-39 40-54 55+

Gender: Male Female ID/DP No: _____

Address: _____

(PLEASE NOTIFY THE TTTI WHEN YOU HAVE A CHANGE OF ADDRESS)

Mailing Address (If different from above): _____

Home Telephone: _____ Work Telephone: _____

Mobile: _____ Email: _____

How did you hear about TTTI? Word of Mouth Website Social Media
 Radio/ Newspaper Other (please specify) _____

Do you have any matters currently before any Court of Law? YES NO

If the answer above is yes, give details: _____

Have you ever made a complaint to the Trinidad & Tobago Transparency Institute before?

YES NO

If the answer above is yes, give an approximate date/s when complaint/s was/were made:

Are you willing to have this complaint publicised or used as a case study? Yes No

Details of Complaint

Date of incident (Day/Month/Year): ____/____/____ Time of Incident: _____ am/pm

Location of Incident: _____

Name of Person(s) Involved (or identifying details) :

(1) _____

(2) _____

(3) _____

(4) _____

Type of Organisation Involved:

State Utility State Agency Private Sector Self-Employed

Individual Local Government Authority Other (Please Specify) _____

Please list the names of available witnesses to the incident:

Witness _____ Address/Contact _____

Witness _____ Address/Contact _____

Witness _____ Address/Contact _____

For Official Use Only

Signature of Receiving Personnel: _____

Date (day/month/year): ____/____/____

In Person By Phone By Mail By Email

Location of Incident: North South North-West

North-East Central South- West South-East

Tobago

Recommended Action: _____

Receiving Agency Forwarded To: _____

Date (day/month/year): ____/____/____

If none, Action Taken: _____

Status of Case: _____

Comments/Case Outcome: _____



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CONSENT FORM

Complainant's Full Name: _____

Complainant's Address: _____

TTTI Official Number: _____

Your statement of consent

Please read this form carefully

I **understand** that for the purpose of resolving my matter:

- That my name and personal information may be shared with other institutions and organisations.
- This information will be used for the purpose of providing a service to me.
- This information will be shared with only legally recognised institutions and organisations.
- I may withdraw my consent to share information at any time and this may result in a reduction of services that are available to me.
- I have the right to restrict what information may be shared and with whom, but this may affect the provision of services available to me.

I hereby **certify** that

- I have read this consent form.
- I have had the opportunity to ask questions and have received answers to my questions.
- I had sufficient time to make my decision.
- I freely accept that my personal information be shared with recognised institutions and organisations.

I hereby **authorise** the Advocacy and Legal Advice Centre (ALAC), Trinidad and Tobago Transparency Institute (TTTI) to share my personal information, including my name, with any legally recognised institutions and organisations for the purpose of obtaining redress in my matter.

Signature: _____

ID/DP No.: _____

Date: _____

Witness' Name: _____

Witness' Signature: _____