



THE DEPARTMENT OF HEALTH REGULATORY SERVICES

P.O. Box 10215 Grand Cayman KY1-1002, CAYMAN ISLANDS

33 Hirst Road, Countryside Shopping Village, Savannah

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<p><u>Internal Complaints Registration</u> <u>Form</u></p> <ul style="list-style-type: none"> - General Customer Inquiry/Complaint and Internal Complaint Process (ICP) - General Customer Inquiry/Complaint Resolution Process 	<p><u>For Official Use Only:</u></p> <p>Complaint No:- _____</p> <p>Date: _____ (dd/mm/yyyy)</p> <p>Follow-up Date: _____</p>
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CONTACT DETAILS OF COMPLAINANT:

NAME: _____

RESIDENTIAL ADDRESS: _____

P.O. BOX: _____ POSTAL CODE: _____

CELL PHONE #: _____ HOME TELEPHONE #: _____

DATE OF BIRTH: _____

_____ NATIONALITY/STATUS _____

EMAIL ADDRESS: _____

COMPLAINT DESCRIPTION

WHICH SECTION OF THE DEPARTMENT OF HEALTH REGULATORY SERVICES?

Health Insurance Commission ("HIC") _____

Health Practice Commission ("HPC") _____

Name of Government employee/s involved
