



COMMONWEALTH OF DOMINICA MARITIME ADMINISTRATION SEAFARER COMPLAINT RESOLUTION FORM <i>*Indicates a required field</i>		
1.	Seafarer's Book Number*	
2.	Vessel IMO Number*	
3.	Seafarer's First Name*	
4.	Seafarer's Last Name	
5.	Seafarer's Date of Birth (dd/mm/yyyy)*	
6.	SEAFARER'S CONTACT DETAILS – <i>please enter the Seafarer's contact details below so that the Administration can follow-up with your complaint</i>	
6a.	Seafarer's Email Address*	
6b.	Please re-enter Seafarer's Email Address to confirm*	
6c.	Seafarer's alternate Email Address	
6d.	Seafarer's Telephone Number*	
6e.	Seafarer's Address	
7.	Please indicate the nature of the complaint by selecting one of the following options* <input type="checkbox"/> General complaint affecting specific working or living conditions on board the ship <input type="checkbox"/> Complaint relates to a single seafarer	
8.	Date that onboard complaint was filed	

	(dd/mm/yyyy) Note: If on board complaint procedures were not explored, please skip to Box 13.	
9.	Onboard complaint was filed at the following level(s)* (Select all that apply)	<input type="checkbox"/> Superior Office <input type="checkbox"/> Head of Department <input type="checkbox"/> Master <input type="checkbox"/> Shipowner's Representative Ashore <input type="checkbox"/> Other (Please specify:)
10.	Brief summary of why the complaint was not resolved*	
11.	Was the complaint taken to the next level?*	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	If you selected 'NO' for Box 11, please explain why complaints should not be taken to the next level*	
13.	If on board complaint procedures were not used, provide a brief summary of why these procedures should not be exhausted first*	
14.	Does the complaint relate to any of the following	<input type="checkbox"/> Recruitment and Placement Services (Manning Agency) <input type="checkbox"/> Seafarers Employment Agreement

	<p>matters?*</p> <p>Note: Please select the area or areas to which the complaint most closely applies</p>	<input type="checkbox"/> Payment of Wages <input type="checkbox"/> Hours of Work or Hours of Rest <input type="checkbox"/> Entitlement to leave <input type="checkbox"/> Repatriation <input type="checkbox"/> Accommodation Facilities <input type="checkbox"/> Recreational Facilities <input type="checkbox"/> Food, Water and Catering <input type="checkbox"/> Medical Care on Board and Ashore <input type="checkbox"/> Other (Please specify:)
15.	Brief summary of the complaint related to the area(s) selected in Box 14.*	
16.	<p>Is this complaint being submitted by the seafarer?*</p> <p>Note: If you selected 'NO', please complete the fields 17a-17g</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	CONTACT DETAILS FOR INDIVIDUAL OTHER THAN THE SEAFARER – <i>please enter your contact details below so that the Administration can follow-up with your complaint regarding the Seafarer</i>	
17a.	First Name*	
17b.	Last Name*	
17c.	Email Address*	
17d.	Please re-enter your Email Address to confirm*	
17e.	Telephone Number*	
17f.	Address*	
17g.	Relationship to the	

	Seafarer(s)*	
18.	SUPPORTING DOCUMENTATION – <i>please attach supporting documents that may assist the Administration with handling your complaint.</i>	