

CARICOM POINT OF ENTRY /DEPARTURE / INLAND COMPLAINTS FILLABLE FORM

A. PERSONAL INFORMATION

Surname [Click or tap here to enter text.](#)
First Name [Click or tap here to enter text.](#)
Nationality [Click or tap here to enter text.](#)
Sex [Click or tap here to enter text.](#)
Passport Number [Click or tap here to enter text.](#)
Address [Click or tap here to enter text.](#)
Telephone [Click or tap here to enter text.](#)
E-mail [Click or tap here to enter text.](#)

IMMIGRATION ENTRY AND DEPARTURE INFORMATION

Point of Entry / Departure [Click or tap here to enter text.](#)
Date of Entry / Departure [Click or tap here to enter text.](#)
Arrived from / Going to [Click or tap here to enter text.](#)
Arrived on / Departed on [Click or tap here to enter text.](#)

B. NATURE OF COMPLAINT

1. Please indicate the government department(s) against which you make the complaint:

- Immigration Customs Police Security
 Accreditation Council Registrar of Companies Ministry of [Click or tap here to enter text.](#)
 Other [Click or tap here to enter text.](#)

2. Please indicate what your complaint relates to:

- Refused Entry Refused Boarding Treatment Refused Recognition
 Other

3. Please indicate the purpose of your visit and basis of your complaint:

- General travel
 Free Movement of Skills
 Free Movement of Capital
 The Right of Establishment
 Free Movement of Services
 Other

4. Briefly describe your complaint, focusing on the exact issue and the Ministries/ Departments involved.

5. Briefly describe steps you have taken to address the issue.

Signature _____

Date [Click or tap to enter a date.](#)

This foregoing procedure is without prejudice to the CARICOM national's right to pursue legal action under the Revised Treaty of Chaguaramas.

Mail form to the CSME Focal Point at the following address:

CSME Focal Point
Ministry of Foreign and CARICOM Affairs
St. Clair Circle, St. Clair, Port of Spain
Trinidad and Tobago
Email: info.csmeunit@foreign.gov.tt