

CARICOM POINT OF ENTRY /DEPARTURE / INLAND COMPLAINTS FORM

A. PERSONAL INFORMATION

Surname -----
First Name -----
Nationality -----
Sex -----
Passport Number -----
Address -----
Telephone -----
E-mail -----

IMMIGRATION ENTRY AND DEPARTURE INFORMATION

Point of Entry / Departure -----
Date of Entry / Departure -----
Arrived from / Going to -----
Arrived on / Departed on -----

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
- Other.....

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 -----

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