

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 issue and the Ministries / Departments involved.

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Briefly describe steps you have taken to address the issue.

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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
Government Headquarters
Bay Street, St. Michael, Barbados
Tel. No. 246 535-5300
Email: bdscsmefocalpoint@barbados.gov.bb