



**FINANCIAL SERVICES  
COMPLAINTS TRIBUNAL**  
**REPORT/ COMPLAINT FORM  
FOR NON-INSURANCE CLAIMS**

**RETURN COMPLETED FORM TO:**

Secretary  
Financial Services Complaints Tribunal  
Pasea Estate, Tortola VG1110  
British Virgin Islands  
tribunal@bvifsc.vg  
1 (284) 494 4190 Ext. 4770

**Note:**

**In the Matter of**

*(Applicant/Complainant)*

**And**

*(Licensee)*

**This Report/Complaint is filed by**  **of**  
**as provided hereunder.**

Address 1:

Address 2:

City:  Country:  Postal Code:

**1. The Applicant/Complainant is representing himself or herself/ represented by**

**of**

Address 1:

Address 2:

City:  Country:  Postal Code:

**and I can be contacted at Telephone No.:**

**or Email Address:**

**2. Indicate when the relationship between the Applicant/Complainant and the Insurance Company started with the starting date, month and year (if you don't remember the date and month, just indicate the year).**

(DD/MM/YYYY)

**3. What type of business does the Licensee/Respondent Carry on?**

**4. What type of Licence does it hold?**

**5. What is the nature of your claim against the Licensee/Respondent?**

**6. What conduct or omission of the Licensee/Respondent are you complaining about?**

**7. On what date did you notify the Licensee/Respondent of your claim?**

(DD/MM/YYYY)

**8. Was your claim for payment and if so how much?**

**9. If your claim was not one for payment of money, what was it for?**

**10. Have you received any offer of payment or received actual payment or an offer of settlement?**

Yes     No     N/A

**11. If you answered YES to Question 10 above, please indicate the amount of payment offered or received or the terms of any settlement.**

**12. If payment or any other form of settlement was offered, state the date of the offer.**

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(DD/MM/YYYY)

**13. Are you still negotiating with the licensee about the payment due to your settlement of your claim?**

Yes     No

**14. Irrespective of the answers you have given above, please narrate below the nature of your report or complaint on which you invite the intervention of the Financial Services Complaints Tribunal (*you may use additional sheets of paper, if necessary, and attach to this Form*):**

**15. Have you attached a copy of your for services or contract of employment/job letter in support of this Report/Complaint Form?**

Yes     No

*Note: If this is a claim for compensation for wrongful termination of employment, it should be made to the Labour Arbitration Tribunal.*

**16. In addition to the documents indicated in Question 15, I attach the following supporting documents:**

(a)

(b)

(c)

(d)

(e)

**17. Would you like to call any witness or witnesses before the Tribunal in support of your report or complaint?**

Yes     No

**18. If you answered YES to Question 17, please provide the name, address and telephone contact of the witness you wish to call:**

Last Name:  First Name:

Address 1:

Address 2:

City:  Country:  Postal Code:

Telephone No.:

Last Name:  First Name:   
Address 1:   
Address 2:   
City:  Country:  Postal Code:   
Telephone No.:

Last Name:  First Name:   
Address 1:   
Address 2:   
City:  Country:  Postal Code:   
Telephone No.:

### 19. Authorisation and Declaration:

*I, the undersigned Applicant/Complainant's Representative, by signing and submitting this Form formally authorize the Financial Services Complaints Tribunal to receive, consider, request where needed, information from the Licensee (which I hereby also authorise them to release to the Tribunal) and, if merited, mediate my report/complaint with the licensee mentioned in this Form with a view to achieving an amicable agreement; I also declare that the information provided in this Form is true to the best of my knowledge and nothing therein is designed to mislead the Tribunal and I have not withheld any information which may be crucial to the Tribunal's determination or mediation of my report/complaint.*

This Form is submitted this  day of , 20 .

Signed:

By the Applicant/Complainant's Representative\*

*\*Strike out or omit as necessary*

# COMPLAINTS CHECKLIST

- Completed Complaint Form
- Full Contract (photo copy)
- Any Endorsements to the Contract
- Copy of any Written Offer
- Other Supporting Documents (Where Applicable)
  - o Licence of the Licensee/Respondent (If Available)
  - o Receipts
  - o Other Cost
  - o Other (please list)

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**NOTE:** Please put a checkmark to the relevant items as an indication that those documents have been attached to the completed form.

