

COMPLAINTS FORM

Document ID: CB1025

Version: V1.1

Effective Date: 21 April 2026

Owner: Managing Director

Review Cycle: Annual

1. Complainant Details

 Full Name: _____

 Contact Number: _____

 Email Address: _____

2. Seafarer Details (if applicable)

 Name: _____

 Rank/Position: _____


 Vessel: _____

3. Complaint Details

 Date of Incident: _____

 Description of Complaint: _____

4. Supporting Evidence

 Documents Attached: Yes No

 Details: _____

5. Declaration

I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____

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