



# Complaint Form

**Please complete the following in detail. It is important to provide all information requested.**

Today's Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year 20\_\_\_\_\_

## **Personal Details:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Country of residence: \_\_\_\_\_

Nationality: \_\_\_\_\_

Tel #: (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

## **Person/Business you are complaining against, please provide the following information:**

Name of Person/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Tel #: \_\_\_\_\_

## **Details of the Complaint**

What was the nature of the incident? [What happened; how it happened; persons involved; factors during the event; description of perpetrators (if any)]

On what date did the incident occur? Day \_\_\_\_\_ Month \_\_\_\_\_ Year 20\_\_\_\_

At what location did the incident occur?

At approximately what time did the incident occur? \_\_\_\_\_ AM / PM

At the time of the incident, was a police report made?

Yes No

If Yes,

Date the report made? Day \_\_\_\_\_ Month \_\_\_\_\_ Year 20\_\_\_\_

Branch Office: \_\_\_\_\_

Reference Number: \_\_\_\_\_

What outcome are you seeking in attempting to resolve this incident?

Signature: \_\_\_\_\_

*Thank you for taking the time to comment on your experience in Belize. Please allow five working days for acknowledgement of receipt of complaint. Follow up communication, where applicable, shall be provided to update you on the actions taken to resolve your complaint.*

**Return to:**

Belize Tourism Board  
P.O. Box 325  
#64 Regent Street, Belize City, Belize  
Tel: 501-227-2420  
Fax: 501-227-2423  
Email: [complaints@belizetourismboard.org](mailto:complaints@belizetourismboard.org)

