MARITIME LABOUR CONVENTION
COMPLAINTS FORM

This from shall be kept onboard, completed and
returned to mlc@maritimecookislands.com
Or complete the online from at www.maritimecookislands.com

Vessel Details

Vessel Name	Type of vessel	IMO Number
Port of Registry	Gross Tonnage	Call Sign

Company's MLC Designated Person's contact details

Name:	
Position:	
Telephone number:	
Email Address:	

Details of Seafarer that this Compliant Relates to

Name:	
Position:	
Nationality:	
Embarkation Date:	
MCI COE n. (if any)	
Telephone number:	
Email Address:	
Please reenter seafarers email address to confirm	
Is this complaint being submitted by the Seafarer? * *If "no" complete the next section*	☐ Yes ☐ No

Details of the Person Making this Complaint on behalf of the Seafarer

Name:	
Position:	
Relationship to the seafarer	
Nationality:	
Embarkation Date:	
MCI COE n. (if any)	
Telephone number:	
Email Address:	

Competent Authority in the Seafarer's Country of Residence *(if applicable)*

Name of authority:	
Contact person:	
Position:	
Telephone number:	
Email Address:	

Name of Person(s) Onboard Authorised to Assist Complainants

Name:	
Position:	
Telephone number:	
Email Address:	

Name:	
Position:	
Telephone number:	
Email Address:	

Summary of Onboard Complaint

Date that onboard compliant was made *(note if onboard complaint procedures were not explored, please skip)*	
If onboard complaint procedures were	

not used, provide a summary of why these procedures should not be exhausted first *(attach a separate document if required)*	
Onboard complaint was filed at the following levels	☐ Superior Officer ☐ Head of Department ☐ Master ☐ Shipowners Representative ashore ☐ Other
Does the complaint relate to any for the following matters *(select the most applicable)*	☐ Recruitment and Placement Services (Manning Agency) ☐ Seafarers Employment Agreement ☐ Payment of Wages ☐ Hours of Work or Hours of Rest ☐ Entitlement to Leave ☐ Repatriation ☐ Accommodation Facilities ☐ Recreational Facilities ☐ Food, Water and Catering ☐ Medical Care On board and Ashore ☐ Other
Summary of complaint related to the areas selected above *(attach a separate document if required)*	
Brief Summary of why the complaint	

was not resolved (if applicable) *(attach a separate document if required)*	

Seafarer Employment Agreement Details

Employer:	
Employee:	
Type of Contract	☐ Definite Period ☐ Indefinite period ☐ Voyage agreement
Salary	
Starting Date:	
Termination date:	

Protection & Indemnity Policy Details (if available)

P&I Name:	
Policy Number:	
Expiry Date:	
Email Address:	

Evidence to be provided with this MLC Complaint Form

Evidence	**File Name & Description**
Please attach and list supporting documents which will further assist the Administration with handling your complaint	

Signature:

Full Name:
of person making the complaint

Date:
(dd/mm/yy)