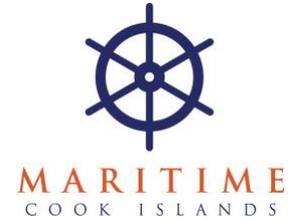




**MARITIME LABOUR CONVENTION
COMPLAINTS FORM**



This form shall be kept onboard, completed and returned to mlc@maritimecookislands.com
Or complete the online form at <https://maritimecookislands.com/mlc-complaint-form/>

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 Complaint 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? * <i>If "no" complete the next section</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 complaint was made (note if onboard complaint procedures were not explored, please skip)	
If onboard complaint procedures were	

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

was not resolved (if applicable) <i>(attach a separate document if required)</i>	
---	--

Seafarer Employment Agreement Details

Employer:	
Employee:	
Type of Contract	<input type="checkbox"/> Definite Period <input type="checkbox"/> Indefinite period <input type="checkbox"/> 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)