



Complaint form Guardianship Council

With this form you can:

- Submit complaints about the Guardianship Council's working method.
- Submit complaints about a staff member of the Guardianship Council.
- Relating to:
 1. The actions or negligence of the staff member in question.
 2. Inappropriate treatment of a client.

You may NOT use this form to submit an objection or notice of appeal.

The Guardianship Council Caribbean Netherlands aims to deal with your complaint as soon as possible. In any case, the complaint will be finalized within 10 weeks of its receipt. It is vital that you clearly explain what your complaint is about. Please include the case ID, case name or name of the child to which the complaint relates.

1 Personal details

1.1 Sex

Male Female

1.2 Name

Firstname (in full)

Last name (family name)

1.3 Date of birth

Date of birth (dd/mm/yyyy)

1.4 Contact details

Street name and house number

Place

E-mail (name@example.com)

Telephone number

2 Personal details third party (optional)

If your interests in this case are represented by a third party

2.1 Sex

Male Female

2.2 Name

First name (in full)

Last name (family name)

2.3 Date of birth

Date of birth (dd/mm/yyyy)

2.4 Contact details

Address and house number

Place

E-mail (name@example.com)

Telephone number

3 Complaint(s)

3.1 Nature of the complaint

Complaints about the Guardianship Council's working method

Complaints about a staff member of the Guardianship Council*

*If your complaint concerns a member of staff, please enter his/her name here;

Name of case (if known)

3.2 Name of case or child(ren)

Name of child 1

Date of birth (dd/mm/yyyy) child 1

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Name of child 2

Date of birth (dd/mm/yyyy) child 2

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3.3 Description of the complaint

Place

3.4 Declaration

I hereby declare that I have filled in this form truthfully, in full and accurately.

Date (dd/mm/yyyy)

| | | | | | | | | |

Signature

You can submit this form personally or per email at the address of the Guardianship Council Caribbean Netherlands at:

Bonaire

Kaya Italia 10 | Kralendijk
voogdijraadbes@rijksdienstCN.com

Saba

Upper Road Z/N | The Bottom
(Behind the police station)
voogdijraadbes@rijksdienstCN.com

Sint Eustatius

H.M. Beatrixstraat 17 | Oranjestad
voogdijraadbes@rijksdienstCN.com

4

To be completed by Guardianship Council

Received on (dd/mm/yyyy)

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4.1 Confirmation of receipt

I declare to have received this form in good order.

Received by (Signature of complaints handler)
