**EASTERN CARIBBEAN SECURITIES REGULATORY COMMISSION**

**(ECSRC)**



**ECSRC COMPLAINT FORM**

**Please fill in this form completely. This form must be signed and dated before submission. Mail, email or fax the completed Complaint Form** **to:**

**The Secretary**

**Eastern Caribbean Securities Regulatory Commission**

**ECCB Financial Complex**

**P O Box 1855**

**Basseterre**

**St Kitts**

**Tel: (869) 465-2537**

**Fax: (869) 465-7512**

**Email: info@ecsrc.com**

|  |
| --- |
| **YOUR PERSONAL INFORMATION** |

Firm/Individual Name:

Contact Name *(Firm)*:

Contact Designation:

Street/Mailing Address:

Town/City:

State:

Country:

Zip Code:

Telephone:

E-mail Address:

**COMPLAINT AGAINST**

Firm/Individual Name:

Type of Registrant: Broker Dealer Clearing Agency

Investment Adviser Securities Registry

Reporting Issuer Custodian

Securities Exchange Investment Company

Management Company Representative

of a Collective Investment

Scheme

Principal Custodian of a Collective

Investment Scheme

Limited Service Broker

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/Mailing Address:

Town/City:

Country:

Telephone:

E-mail Address:

Kindly indicate by ticking the appropriate box as to whether, this is a/an:

1. New complaint 
2. Revised complaint 
3. Update with respect to a previous complaint (please supply date of previous complaint) 

**COMPLAINT**

Please describe your complaint in as much detail as possible including, but not limited to, the full name(s) on the account; the exact type of account; the date(s) since you have been facing the problem, of the specific transaction(s) or of the relevant conversation(s); the kind of losses incurred as a result of the problem; and the names and contact information of all the people at the firm you have communicated with about this complaint.

**WHAT DOCUMENT COPIES (DO NOT MAIL ORIGINALS) HAVE YOU PROVIDED?**

Correspondence to and from the company or individual

Account statements Account applications

Advertising, promotional or sales material Forms you signed

Notes/E-mails on conversations with the company or individual

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None

**WHAT ACTION HAVE YOU TAKEN?**

Have you complained to the firm? Yes No

If yes, whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you contacted any other regulator? Yes No

If yes, which authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Important note:***

*The information you have provided will be treated in confidence and will not be disclosed to a third-party except if required by law, or if you have given written permission for disclosure to another regulatory authority.*