Marine Ship Crewing Agency Complaint Form

Please complete this form to report a complaint regarding crewing agency services. Your feedback is important to us and will be reviewed promptly.

1. Complainant Information

Full Name_____

Contact Number_____

Email Address: _____

Position/Rank: _____

2. Crewing Agency Details

Agency Name: _____

Agency Address: _____

Contact Person (if known): _____

3. Complaint Details

Date of Incident: _____

Location of Incident: _____

Describe the issue (please provide as much detail as possible):

4. Type of Complaint

[ ] Miscommunication

[ ] Poor Service

[ ] Delay in Payments

[ ] Contract Violation

[ ] Other (please specify): _____

5. Desired Action/Resolution

What resolution would you like to see? (e.g., apology, compensation):

6. Declaration

I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____