

	BENIN MARITIME ADMINISTRATION			
	Form No.: BMA-102	Revision Date: 01/01/2020	Revision No.: 01	
	MLC ONBOARD COMPLAINT FORM			

MLC ONBOARD COMPLAINT FORM

The Benin Maritime Administration is committed to ensuring that Seafarers who serve on Benin registered ships have decent working and living conditions, a safe and secure workplace and fair employment.

Seafarers are encouraged to utilize the ship's Onboard Complaint Procedures in order to resolve complaints at the lowest level possible in accordance with MLC 2006. However, in the event a complaint is unable to be resolved onboard, the Benin Maritime Administration provides this complaint form and will assist Seafarers with all true and valid complaints.

INSTRUCTIONS: Please complete each of the required fields in this form and send it through email at info@beninmaritime.org The Administration will take the necessary steps to investigate the matter and ensure that all appropriate measures are taken to rectify any deficiencies.

Note: All information provided will be strictly treated as confidential.

1	SEAFARER'S RECORD BOOK NUMBER:	
2	VESSEL'S IMO NUMBER:	
3	SEAFARER'S FIRST NAME:	
4	SEAFARER'S LAST NAME:	
5	SEAFARER'S DATE OF BIRTH (dd/mm/yyyy):	
6	SEAFARER'S CONTACT DETAILS: Please enter the Seafarer's contact details below	
6a	SEAFARER'S EMAIL ADDRESS:	
6b	SEAFARER'S ALTERNATE EMAIL ADDRESS: (not required field)	
6c	SEAFARER'S TELEPHONE NUMBER:	
6d	SEAFARER'S ADDRESS:	
7	PLEASE INDICATE THE NATURE OF THE COMPLAINT (<i>i.e. Working or living conditions etc.</i>)	
8	DATE THAT ON BOARD COMPLAINT WAS FILED (dd/mm/yyyy):	
9	ON BOARD COMPLAINT WAS FILED AT: (Please choose one of the options)	<input type="checkbox"/> Superior Officer <input type="checkbox"/> Head of Department <input type="checkbox"/> Master <input type="checkbox"/> Shipowners' Representative Ashore <input type="checkbox"/> Other:
10	BRIEF SUMMARY WHY THE COMPLAINT WAS NOT RESOLVED:	
11	WAS THE COMPLAINT TAKEN TO THE NEXT LEVEL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	IN YOU SELECTED "NO" FOR THE ABOVE, PLEASE EXPLAIN WHY COMPLAINTS	

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	SHOULD NOT BE TAKEN TO THE NEXT LEVEL:	
13	IF ONBOARD COMPLAINT PROCEDURES WERE NOT USED, PROVIDE A BRIEF SUMMARY OF WHY THESE PROCEDURES SHOULD NOT BE EXHAUSTED FIRST:	
14	DOES THE COMPLAINT RELATE TO ANY OF THESE MATTERS?	<input type="checkbox"/> Recruitment and Placement Services (Manning Agency) <input type="checkbox"/> Seafarers Employment Agreement <input type="checkbox"/> Payment of Wages <input type="checkbox"/> Hours of Work or Hours of Rest <input type="checkbox"/> Entitlement to Leave <input type="checkbox"/> Repatriation <input type="checkbox"/> Accommodation Facilities <input type="checkbox"/> Recreational Facilities <input type="checkbox"/> Food, Water and Catering <input type="checkbox"/> Medical Care On board and Ashore <input type="checkbox"/> Other:
15	BRIEF SUMMARY OF THE COMPLAINT RELATED TO THE ABOVE:	
16	IS THIS COMPLAINT BEING SUBMITTED BY THE SEAFARER?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	IF YOU SELECTED "NO", PLEASE COMPLETE THE CONTACT DETAILS FOR INDIVIDUAL OTHER THAN THE SEAFARER, <i>please enter your contact details below (17a-17g)</i>	
17a	FIRST NAME:	
17b	LAST NAME:	
17c	EMAIL ADDRESS:	
17d	ALTERNATE EMAIL ADDRESS: (not required field)	
17e	TELEPHONE NUMBER:	
17f	ADDRESS:	
17g	RELATIONSHIP TO THE SEAFARER(S):	
18	ATTACH SUPPORTING DOCUMENTS ALONG WITH THIS FORM WHICH WILL FURTHER ASSIST THE ADMINISTRATION WITH HANDLING YOUR COMPLAINT.	

Declaration

I hereby confirm that I have reviewed the complaint form and that all fields are entered correctly.

Signature: _____

Date: _____