



HELPFUL FOUNDATION – NGO
www.helpful.foundation

(Established on 21st April 2017 Year)
REGD. BY GOVT. OF NCT- DELHI UNDER The Indian Trust Act, 1882, GOVT. OF INDIA

Maritime Complaint Resolution Form

“Helpful Foundation” performs several functions to protect and promote the interests of the victim/complainant, which aims to promote the welfare of people

Please note: After completing this form, send it to the Email at (pg@helpful.foundation)

COMPLAINT REGISTRATION NO:-

(for office use only)

To be completed by the victim, parent/guardian or close relative of the victim.

Complaint Terms and Conditions

- List of subject/topics that cannot be treated as complaints.
- RTI Matters
- Court- related or sub judice matters
- Matters related to religious belief or faith

DATE : DD / MM / YEAR

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☐ I agree that my grievance does not fall in any of the above listed categories

Tell Us About Yourself (*You must complete this information)

INDOS No. of Seafarer:

COC Details of Seafarer:

Seafarer's Book Number:-

Vessel IMO Number :-

CDC No of Seafarer :-

Complainant Name

Gender:

Address for communication :

District :

STATE:

PIN Code:-

Contact No.

Email Id:

Passport No.

Please indicate the nature of the complaint by selecting one of the following options: (Please Tick)-

<input type="checkbox"/>	General complaint affecting specific working or living conditions onboarded the ship
<input type="checkbox"/>	Complaint relates to a single Seafarer

Does the complaint relate to any of the following matters? *

NOTE: Please select the area or areas to which the complaint most closely applies.

<input type="checkbox"/>	Recruitment and Placement Services (Manning Agency)	<input type="checkbox"/>	Hours of Work or Hours of Rest	<input type="checkbox"/>	Accommodation Facilities
<input type="checkbox"/>	Seafarers Employment Agreement	<input type="checkbox"/>	Entitlement to Leave	<input type="checkbox"/>	Recreational Facilities
<input type="checkbox"/>	Payment of Wages	<input type="checkbox"/>	Repatriation	<input type="checkbox"/>	Food, Water and Catering
<input type="checkbox"/>	Medical Care On board and Ashore	<input type="checkbox"/>	Fraud by RPSL Company	<input type="checkbox"/>	Fraud by Agents
<input type="checkbox"/>	DG shipping (a) related to CDC	<input type="checkbox"/>	R related to COC & COP	<input type="checkbox"/>	Related to C certificate
<input type="checkbox"/>	Related to the examination	<input type="checkbox"/>	Seaman's provident fund	<input type="checkbox"/>	Abandonment by Shipowner/ RPSL

If Other

Tell Us About the Firm or Individual You Have a Complaint Against

RPSL Company Name:		Relationship to the Seafarer(s):
Address:		
District :	State :	PIN:
Contact No.	Email:	.

ITell Us About Your Complaint.

Brief summary of why the complaint was not resolved.

{Please attach additional pages if necessary.}

[illegible]

Name :		<div style="border: 1px solid black; border-radius: 10px; height: 100px; width: 150px; margin: 0 auto;"></div>
Date :	Place :	
		<u>Signature</u>

Tell us What Action You Have Taken?

Have you complained to the firm?		YES		NO
Have you contacted any other regulators or DG Shipping?		YES		NO
If yes, whom?				

Have you taken legal action ?

	Mediation		Arbitration		Court Action
Describe the details of the legal action you have taken.					
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.....					
.....					
.....					

INJURIES

Was anyone injured ?	Yes:	No:
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PHYSICAL INJURY: Use this section to discuss hat physical injuries or what physical injuries or symptoms were suffered as a result of this crime. You may want to write about the extent of the injuries, how long your injuries lasted, and if you received and / o where you received medical treatment for your injuries. If more space is required, please use additional pages.

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Indicate medical treatment recived. Attachment a Doctor's statement if you wish. Please tick

Treated at the scene only:	Treated at medical center:	Hospitalized for	days
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If Other (Please explain):

EMOTIONAL / PSYCHOLOGICAL IMPACT:

Use this section to discuss your feeling about what has happened to you as a result of the crime and how it has affected your general well- being.

Please check below the rections you have experienced (Please tick)

Loss of sleep	Lack of concentration	Fear of strangers
Marital problems	Nightmares	Fear of being alone
Anger	Loss of securty/control	No trust in anyone
Anxiety	Cry more easily	Thoughts of suicide
Serious change in appetite	Feeling of helplessness	Job stress
Family not as close	School Stress	Depression
Want to be alone	Fear	Fear of leaving

Other:
.....

VICTIM IMPACT STATEMENT: Victim have the right to submit a victim impact statement. The “VIS” is a written, detailed account of the emotional, physical, psychological, and financial impact the crime hashed on the victim and family members. This document can be used to explains yor feeling of loss, frustration, and fear. Only you can provide this vital information. The victim impact statement has become a significant tool in the criminal justice process.

VICTIM IMPACT STATEMENT

[illegible]

VICTIM IMPACT INFORMATION: To be completed by completed by the victim, parent/guardian or close relative of the victim. Please give any other information you believe is important about the effect of this crime on you and your family. Please do not relate any information about the crime itself; those facts are available already in other reports.

The information in this victim impact statement is true and correct to the best of my knowledge.

Name :

Date : _____ Place : _____

Information submitted by : (Please Tick)

Victim	Parent/Guardian	Close Relative	Other:
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Signature

Write below the details of Supporting Information/Evidence Documents: (Kindly enclosed the copy)

- 1.
- 2.

Victim/ Complainant ID Proof , Address Proof and If any . : (Kindy enclosed the copy)

- 1.
- 2.

DECLARATION OF THE COMPLAINANT

I, _____, S/o / Spouse of _____,

hereby solemnly and sincerely affirm as follows:

1. That the statements made and the information provided by me in the application form, as well as in all accompanying documents, are true, correct, and accurate to the best of my knowledge and belief.
2. That I have not withheld any material information, nor have I provided any fraudulent or misleading information.
3. That in the event it is found, at any stage, that any information furnished by me is false, incorrect, or fraudulent in material respects:
 - My complaint shall stand cancelled/rejected without any further reference to me.
 - I may be liable for criminal prosecution under the law.
 - I shall not be entitled to claim any legal fees associated with my complaint.
 - I voluntarily and unconditionally agree to make a donation to *Helpful Foundation, Greater Noida, U.P.* and forgo any right to initiate or pursue legal action against the Foundation in this regard.
4. I further declare that I shall not move or approach any Court of Law in respect of the above matters.

Place: _____

Date: _____

Name of the Complainant: _____

Signature of the Complainant

DISCIPLINARY DECLARATION

I, _____, S/o / Spouse of _____,

residing at _____, do hereby solemnly declare as follows:

1. That I am provisionally submitting this complaint for necessary action regarding my matter, which occurred during the year _____ at the *Helpful Foundation (a Non-Governmental Organization)*.
2. That I undertake to abide by all rules and regulations of the *Helpful Foundation* as established in the year ____2017____, as well as any rules that may come into force in the future.
3. That I further undertake to compensate the *Helpful Foundation* for any losses sustained due to my negligence or default.
4. That I am aware that any involvement on my part in actions that are in violation of the rules and regulations of the Foundation may result in punishment and/or disciplinary action against me.
5. That I further agree that all disputes, if any, arising between me and the Management/Administration of the *Helpful Foundation* shall be subject exclusively to the jurisdiction of the Courts at *Gautam Budh Nagar, Uttar Pradesh*, to the exclusion of all other courts.

Place: _____

Date: _____

Name of the Complainant: _____

Signature of the Complainant

.....FOR MEMBER OFFICE USE ONLY.....

Recive Date : _____ BY Mr./Mrs _____

Designation: _____ ID No. : _____

Place _____ Issue the Complaint No. _____

If Any Remark: _____