

Template – Preliminary assessment for for complaints/ allegations

1/ Name of requester/complainant: *(left blank if anonymous)*

Address:

Email:

Phone:

2/ Name of person/entity subject of the complaint:

Address:

Email:

Phone:

3/ Summary of submission/allegation:

4/ Assessment criteria

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is the violator clearly identified? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Is the request within the OI's jurisdiction | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Does the request recite facts that could give rise to a violation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Is there some supporting evidence or basis?
<i>If so, what is the evidence/basis:</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Is the alleged violation not time-barred under relevant statute of limitations | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

5/ Assessment Decision (tick the appropriate box):

1. Reject the submission
2. Accept the submission

6/ Rationale for decision: _____

signature and
name of responsible person

Date