



Incident Report

(internalaudit@bts.gov.bz)

(FOR PUBLIC)

Name and role of person completing this form:

Incident Type:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Bribery | <input type="checkbox"/> Fraud/Dishonesty | <input type="checkbox"/> Abusive/Obscene language |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Physical assault | <input type="checkbox"/> Threat |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Breach of confidentiality | <input type="checkbox"/> Other |

Incident

Date and time of incident:

Name/s of person/s involved in the incident:

Description of complaint /incident:

Witnesses if any (include contact details):

Reporting of the incident to Belize Tax Service Department (BTSD)

Incident Reported to:

Date:

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How was the incident reported:

In person

Phone:

Email:

Signature of person completing this form: _____

Date: _____