



Vanuatu International Shipping Registry (VISR)

Quality Management System (QMS)

Form: Maritime Incident Complaint Submission

Issued by the Maritime Administrator

Document Control

Document Title	VISR Maritime Incident Complaint Submission Form
Form ID	VISR-QMS-MICSF
Version	1.0
Effective Date	01 January 2026
Issued By	Maritime Administrator, VISR
Applies To	Vanuatu-flagged vessels; foreign vessels involved in incidents with Vanuatu-flagged vessels; owners, operators, masters, managers, agents, complainants, respondents, and relevant stakeholders.
Distribution	External submission to the Office of the Maritime Administrator

Purpose

This submission form is addressed to the Office of the Maritime Administrator and must be used for any formal maritime incident complaint, incident response, or supporting statement involving a Vanuatu-flagged vessel or an incident affecting the safety, compliance, or reputation of the Vanuatu flag.

Submission Guidance

- Use this form for a formal complaint, response to a complaint, or additional incident submission.
- Tick all applicable boxes and attach all available supporting evidence.
- Informal emails, messaging screenshots, videos, or opinions do not replace a formal submission.
- Where additional space is required, attach signed annexes and identify them clearly.
- Submit the completed form and supporting evidence to the Office of the Maritime Administrator.

Submission Address: Office of the Maritime Administrator, Vanuatu International Shipping Registry (VISR)

Email: admin@register-vu.com | technical@register-vu.com

1. Submission Details

To	Office of the Maritime Administrator	VISR Reference	_____
Submission Type	<input type="checkbox"/> Formal Complaint <input type="checkbox"/> Incident Response <input type="checkbox"/> Supplemental Submission	Urgency	<input type="checkbox"/> Ongoing danger <input type="checkbox"/> Serious safety incident <input type="checkbox"/> Routine
Date Submitted	_____	Time Submitted	_____
Submitted By	_____	Organization / Company	_____
Role of Submitter	<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Master <input type="checkbox"/> Agent <input type="checkbox"/> Crew <input type="checkbox"/> Witness <input type="checkbox"/> Other	Preferred Contact	_____

Complete all known fields. If a field is unknown, mark it as 'Unknown' rather than leaving it blank.

2. Reporting Vessel and Other Vessel(s) Involved

Reporting Vessel	_____	IMO No.	_____
Flag	_____	Call Sign	_____
Master	_____	Owner / Operator	_____
Other Vessel	_____	IMO No.	_____
Flag	_____	Call Sign	_____
Master / Contact	_____	Owner / Operator	_____

3. Incident Particulars

Date of Incident	_____	Time (Local)	_____
Time (UTC)	_____	Area of Operation	_____
Latitude / Longitude	_____	Sea / Weather Conditions	_____
Current Status	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved <input type="checkbox"/> Escalated to other authority	Risk Level	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Critical

4. Nature of Incident (tick all that apply)

<input type="checkbox"/> Dangerous maneuvering	<input type="checkbox"/> Risk of collision / near collision
<input type="checkbox"/> Harassment / intimidation	<input type="checkbox"/> Pursuit / chasing
<input type="checkbox"/> Unsafe passing distance	<input type="checkbox"/> Interference with fishing operations
<input type="checkbox"/> Gear damage / entanglement	<input type="checkbox"/> Failure to communicate
<input type="checkbox"/> Injury / safety of life at sea risk	<input type="checkbox"/> Pollution / oil spill risk
<input type="checkbox"/> Breach of COLREGS / SOLAS	<input type="checkbox"/> Other: _____

5. Incident Chronology

Provide a clear sequence of events, including how the vessels approached, maneuvered, communicated, and separated.

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6. Incident That Triggered the Chain of Events

If you allege that an earlier act or accident triggered the later conduct, describe it fully here, including time, location, damage, witnesses, and communications.

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7. Communications Exchanged

Record any VHF calls, warnings, instructions, messages, or verbal exchanges between the vessels or with any authority.

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8. Evidence Attached (tick all that apply)

<input type="checkbox"/> AIS track / positional data	<input type="checkbox"/> VMS data (if available)
<input type="checkbox"/> Video footage	<input type="checkbox"/> Photographs
<input type="checkbox"/> Logbook extracts	<input type="checkbox"/> Damage photographs / repair estimate
<input type="checkbox"/> Master statement	<input type="checkbox"/> Crew witness statements
<input type="checkbox"/> Audio / bridge recording	<input type="checkbox"/> Other annexes listed below

9. Annex List

Annex No.	Description	Date / Reference

10. Authorities Contacted / Immediate Action Taken

Identify any authority, flag State, coastal State, RFMO, port authority, insurer, or agent contacted, and any immediate safety measures taken.

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11. Action Requested from the Office of the Maritime Administrator

State the action you request, for example investigation, warning, evidence preservation, escalation to authorities, or other measures.

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12. Declaration and Signature

Name	_____
Position / Capacity	_____
Signature	_____
Date	_____

Declaration

I certify that the information provided in this submission and in all attached annexes is true and complete to the best of my knowledge. I understand that this submission may be reviewed against AIS, VMS, logs, video evidence, registry records, and any information obtained from competent authorities.

Note: False, misleading, incomplete, or deliberately withheld information may itself give rise to regulatory action.

13. For Official Use by the Office of the Maritime Administrator

Date Received	_____	VISR Case Reference	_____
Received By	_____	Initial Review Date	_____
Severity	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Critical	Status	<input type="checkbox"/> Open <input type="checkbox"/> Under Review <input type="checkbox"/> Closed
Action / Notes	_____	Follow-up Due	_____

For internal VISR use only. Attach additional review sheets or evidence logs where necessary.