



COMPLAINTS LODGING FORM

Ref. no _____

1. Complainant's Details (all information given is voluntary) Name (Dr / Mr / Mrs / Ms)

ID Number: _____

Postal address: _____

Mobile: _____

Email: _____

County: _____

Age: _____

2. How did you get to know about the institution's complaints mechanism?

Newspaper TV/Radio Referral by friend Website

Other (please specify) _____

3. Which public institution or public officer are you complaining about?

Ministry/Department/Agency:

4. Have you reported this matter to any other public institution/ public official?

Yes No

5. If yes, which one?

6. Has this matter been the subject of court proceedings?

Yes No

7. Please give a brief summary of your complaint and attach all supporting documents [Note to indicate all the particulars of *what* happened, *where* it happened, *when* it happened and by *whom*]

8. What action would you want to be taken?

Signature _____

Date _____