

**Complaints lodging form**

Ref. No:

Complainant's Details (all information given is voluntary)

Name (Dr / Mr / Mrs / Ms) (OPTIONAL) \_\_\_\_\_

ID Number: \_\_\_\_\_

Postal address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

Age \_\_\_\_\_ (OPTIONAL)

2. Which Office / officer are you complaining about?

Department/Unit:

3. Have you reported this matter to any other public institution/ public official? (tick one)

Yes            No

4. If yes, which one?

\_\_\_\_\_

5. Has this matter been the subject of court proceedings? (Tick one)

Yes            No

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

\_\_\_\_\_

\_\_\_\_\_

7. What action would you want to be taken?

\_\_\_\_\_

