

# Complaints lodging form

Ref. No MOH/MCC/2016-2017/FILE/FOLIO/COMPLAINT/..

1. 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/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*]  
\_\_\_\_\_  
\_\_\_\_\_

8. What action would you want to be taken?  
\_\_\_\_\_