

REPUBLIC OF KENYA



COUNTY ASSEMBLY OF SIAYA

GRIEVANCE LODGING FORM

Ref. No.

SECTION A: Personal Information (Provision of information in this section is voluntary)

Complainant's Name:
Gender (Male/ Female/Other): ID Number: Age:
Postal Address: Village/Ward/Sub-County:
Mobile No. Email (where applicable)
Occupation: Disability (Yes/ No): If yes, type of disability:

SECTION B: Complaint Information

ITEM	DETAILS
Are you lodging the complaint on behalf of another person/group? (If yes, please specify)	
Which public official/office are you complaining about?	
Name/Department/Sub-county/Ward/Agency	
Have you reported this matter to any other county official/office? YES/NO	
If YES, which one?	
Has this matter been the subject of court proceedings? YES/NO	
If NO, please give a brief summary of your complaint and attach all supporting documents (Indicate all the particulars	

of what happened, where it happened, when it happened and by whom)	
--	--

Place of Submission

Signature of Complainant

Date

SECTION C: For Official Use

Name of Receiving Officer

Date

Action taken

.....
.....
.....

SECTION D: Acknowledgement Slip

Ref. No. **Date of lodging complaint**.....

Place of submission.....

Signature of receiving officer.....