

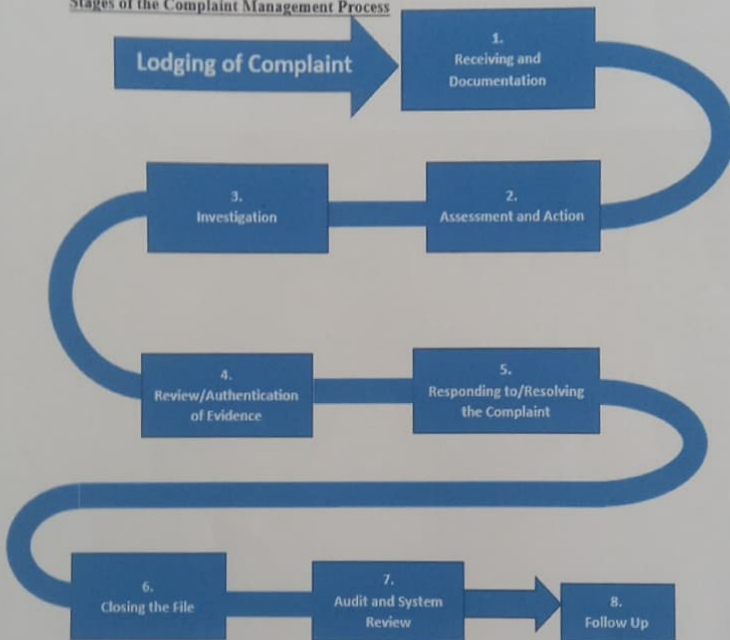


COUNTY GOVERNMENT OF KAJIADO  
OFFICE OF THE MANAGER  
THE MUNICIPALITY OF KAJIADO



P.O BOX 11, KAJIADO

Stages of the Complaint Management Process





COUNTY GOVERNMENT OF KAJIADO  
OFFICE OF THE MANAGER  
MUNICIPALITY OF KAJIADO



P.O. BOX 11, KAJIADO

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Complaints Lodging Form

Ref No:.....

1. Complaint's Details (all information given is voluntary)

Name (Dr. /Mr./ Mrs./ Ms.)

.....

ID Number .....

Postal Address.....

Mobile No.....

Email.....

County .....

Age .....

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

Newspaper

TV/Radio

Referral by a friend

Other (please specify) .....

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

Ministry/Department/Agency

.....

.....

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

Yes

No

