

REPUBLIC OF KENYA GOVERNMENT OF MAKUENI COUNTY



COUNTY COMPLAINTS FORM

Date:	
(Date complaint is received)	
Personal Details:	
(Name, contact details, if necessary)	
(riame, comact actains, in necessary)	
Nature of Complaint:	
Detail of Complaint:	
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Who dealt with the complaint?	
1	
How it was dealt with:	
riow it was dealt with.	
Outcome: (<i>Outline of what has happened as a</i>	
result of the complaint)	
Follow up required:	