



COUNTY GOVERNMENT OF NAROK
OFFICE OF THE COUNTY ATTORNEY

PUBLIC COMPLAINTS FORM

Date:

Complaint Reference Number:

SECTION 1:
COMPLAINANT DETAILS (Optional)

Full Name:

ID Number (if applicable):

Phone Number:

Email Address:

Postal Address:

Preferred Method of Contact: (Phone / Email / Postal Mail)

SECTION 2:
COMPLAINT DETAILS

Nature of Complaint (Please select one or more as applicable):

- Delay in service delivery
- Unfair treatment
- Misconduct by legal staff
- Corruption or unethical conduct
- Lack of transparency
- Violation of legal rights

Other (Please specify):

Description of Complaint (Provide a detailed account of the issue, including date, location, and persons involved):

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

Have you reported this complaint before? (**Yes / No**)

If **Yes**, please provide details of where and when you reported it:

.....

Desired Resolution (What outcome do you expect?):

.....
.....

**SECTION 3:
DECLARATION**

I confirm that the information provided above is accurate to the best of my knowledge.

Complainant's Signature:

Date:

OFFICIAL USE ONLY

Received by:

Date:

Action Taken:

.....
.....

Resolution Status:

Resolved

Pending Investigation

Referred to Another Department

No Action Required

Officer's Name & Signature: