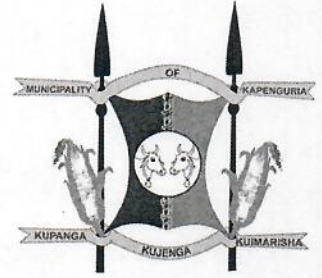




REPUBLIC OF KENYA  
COUNTY GOVERNMENT OF WEST POKOT  
**KAPENGURIA MUNICIPALITY**



(Important information! Send the filled form through  
email: [info@kapenguriamunicipality.co.ke](mailto:info@kapenguriamunicipality.co.ke)

.or drop it at the Kapenguria municipal offices or contact: 0726291494 to report or directions)

## GRIEVANCE SUBMISSION FORM

Grievance Reference Number: \_\_\_\_\_  
(For Official Use Only)

Date of Submission: \_\_\_\_\_



### 1. Complainant Details (Optional)

Name: \_\_\_\_\_

ID / Passport Number (Optional): \_\_\_\_\_

Gender (Optional):  Male  Female  Other  Prefer not to say

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address / Village / Ward: \_\_\_\_\_

Preferred Mode of Communication:

- Phone Call
- SMS
- Email
- Written Letter

## 2. Nature of Grievance

Please tick the category that best describes your grievance:

- Service Delivery Issue
  - Environmental Concern
  - Social Safeguard / Vulnerability Issue
  - Labor-Related Complaint
  - Misconduct / Staff Behaviour
  - Corruption / Abuse of Office
  - Other (Specify): \_\_\_\_\_
- 

## 3. Classification (Severity)

- Critical
  - Severe
  - Moderate
  - Low
- 

## 4. Department / Service Concerned

- Public Works / Roads
  - Environment & Solid Waste Management
  - Water & Sanitation
  - Markets & Trade Services
  - Urban Planning & Development
  - Municipal Administration
  - Other (Specify): \_\_\_\_\_
-

## 5. Description of Grievance

Please describe the grievance clearly including **date, location, persons involved, and any supporting information.**

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## 6. Action Requested / Expected Outcome

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## 7. Previous Complaint

Has this grievance been raised before?

- Yes  
 No

If **Yes**, provide details:

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## 8. Supporting Documents (if any)

- Photos  
 Letters  
 Receipts  
 Other: \_\_\_\_\_

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## 9. Declaration

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

Signature / Thumbprint: \_\_\_\_\_

Name (if signing): \_\_\_\_\_

Date: \_\_\_\_\_

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## For Official Use Only

Date Received: \_\_\_\_\_

Received By (Name & Position): \_\_\_\_\_

Department Assigned: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Status:

- Open
- Under Investigation
- Resolved
- Closed

Date Closed: \_\_\_\_\_