



**REPUBLIC OF KENYA
COUNTY GOVERNMENT OF MARSABIT
P.O. BOX 384-60500, MARSABIT
With Support From**



MINISTRY OF FOREIGN AFFAIRS OF DENMARK
DANIDA INTERNATIONAL DEVELOPMENT COOPERATION



WORLD BANK GROUP
Agriculture



GRM_GRIEVANCE LODGING FORM

Ref. No. SECTION

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

Complainant's Name:

ID Number:.....

Postal Address:.....

Mobile No.
.....

Email (where applicable)

Village/Ward/Sub-County: Age:
.....

SECTION B: Complaint Lodge

ITEM	DETAILS
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)	
Action Taken	

Place of Submission Signature of Complainant Date
