

## PUBLIC COMPLAINTS FORM

Date .....

Time .....

Mode of Reporting .....

### 1. COMPLAINANT'S DETAILS

Name..... ID No.....

Gender..... PWD YES ..... NO .....

Mobile ..... Email .....

Nature of services sought .....

(Directorate/ Department) details .....

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Type of complaint. (Briefly narrate the complaint or alleged practice by the Council's Officer) .....

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4. Please attach all relevant document (s) to support your complaint (s).

Signed by.....(Complainant)

Received by:

Name .....

Sign .....