



THE KENYA SCHOOL OF LAW

COMPLAINTS HANDLING FORM

COMPLAINANT

Name

Contact details P.O Box.....Tel:.....

Email address.....

Nature of Complaint

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Complainant signature **Date**

For Official Use:

Received by the Complaints Handling Officer on.....day of.....20.....

Officers Name Sign.....

Results of Investigation/Action Taken

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Date Complainant informed of results of investigation/action taken