



**COUNTY GOVERNMENT OF LAIKIPIA**

**RUMURUTI MUNICIPALITY**

**P.O BOX 46-20321**

**RUMURUTI**

**RUMURUTI MUNICIPALITY GRIEVANCE REDRESS MECHANISM (GRM) COMPLAINT FORM**

**A. COMPLAINANT INFORMATION**

**Name:** .....

**ID Number:** .....

**Address:** .....

**Phone Number:** .....

**Email Address (if any):** .....

**Preferred Method of Communication (.....)**

**Do you require any special assistance (e.g., language, literacy)?**

If yes, please specify: .....

**B. COMPLAINT DETAILS |**

**Date of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Nature of Grievance/Complaint:** |  Service Delivery  Dispute  Misconduct  Environmental Issues  
 Other (Specify): \_\_\_\_\_

**Description of the Complaint/Grievance:** | (Provide as much detail as possible, including the persons involved, dates, and any supporting evidence or witnesses.)

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



Have you previously reported this issue? |  Yes  No |

If yes, to whom and when? | .....

**C. ACTION REQUESTED BY COMPLAINANT**

What action would you like the municipality to take to resolve this grievance?

\_\_\_\_\_

**D. ACKNOWLEDGEMENT AND SIGNATURE**

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

Signature of Complainant: \_\_\_\_\_

**| FOR OFFICIAL USE ONLY |**

Received By: | \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Reference Number: \_\_\_\_\_

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

Responsible Officer: \_\_\_\_\_

Follow-up Date: \_\_\_\_\_

Resolution/Comments: \_\_\_\_\_