



**COUNTY GOVERNMENT OF SAMBURU  
MARALAL MUNICIPALITY  
P.O. BOX 3-20600  
MARALAL**

|  |  |
|--|--|
| DATE RECEIVED                                      |  |
| COMPLAIN No. {official}                            |  |
| NAME (S)   |  |
| PHONE CONTACT                                      |  |
| GENDER {M/F}                                       |  |
| ORGANIZATION [if applicable]                       |  |
| LOCALITY OF THE COMPLAIN {Rd, Plot No. Estate etc} |  |
| NATURE AND DETAIL OF COMPLAIN(S)                   |  |
| SIGNATURE OF COMPLAINANT                           |  |
| SIGNATURE OF RECEIVING OFFICER {official}          |  |