



**REPUBLIC OF KENYA**  
**KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL**

**APPLICATION FOR LODGING A COMPLAINT**

*Pursuant to the Medical Practitioners and Dentists Act (CAP 253 – Laws of Kenya)*

<b>FOR OFFICIAL USE ONLY:</b>	Allocated Case Number:			Date of Receipt of the Complaint:		
	CASE NO:		OF			
	Complaint Category:					

**A. DETAILS OF THE COMPLAINANT/REPRESENTATIVE**

Name of Complainant/Representative:	
Identity/Passport Number:	
Nationality:	
Postal Address:	
Physical Address:	
County:	
Mobile Number:	
E-Mail Address:	
<b>(Fill in this section if the representative is from an institution e.g. a law firm, a company, a non-governmental organization)</b>	
Name of Institution:	
Postal Address:	
Physical Address:	
Name of Contact Person:	
Mobile Number:	
E-Mail Address:	
<i>If the above institution is a law firm, attach a 'Notice of Appointment' to this application.</i>	

**B. DETAILS OF THE PATIENT**

*(Fill in this section if the patient is not the complainant in 'A' above)*

Name of Patient:	
Identity/Passport Number:	
Nationality:	
Relationship to the patient: <i>(You are the patient's e.g. father, mother, sister, guardian)</i>	

**DETAILS OF THE RESPONDENT(S)**

**Fill in either Section 'C' or 'D' or both depending on the nature of your complaint**

**C. DETAILS OF THE PRACTITIONER(S) BEING COMPLAINED AGAINST**

Name primary doctor/dentist:		
Name of Health Facility:		
County:		
Postal Address:		
Physical Address:		
Mobile Number:		
E-Mail Address:		
Names of other practitioners being complained against:		

**D. DETAILS OF THE HEALTH FACILITY BEING COMPLAINED AGAINST**

Name of Health Facility:		
County:		
Postal Address:		
Physical Address:		
Name of Contact Person:		
Mobile Number:		
E-Mail Address:		
Names of other health facilities being complained against:		

**E. BRIEF NATURE OF THE COMPLAINT**


**F. DOCUMENTS TO BE ATTACHED**

<b>1.</b>	Attach a double spaced typed narrative explaining the background history of the matter in detail ( <i>*Mandatory</i> )
<b>2.</b>	List of copies of relevant documents attached:
i.	
ii.	
iii.	
iv.	

**G. DECLARATION**

**I solemnly and sincerely declare that the information given above is true to the best of my knowledge and belief.**

Signature of Complainant/Representative:		Date:	<i>DD/MM/YYYY</i>
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