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**COMPLAINTS FORM**

**Instructions to observers/monitors:**

1. This form should only be used by NGEC authorized persons.
2. This form should only be used when the complainant has personally launched a complaint with the observer/ monitor.
3. Please fill or assist the complainant to fill in all the information required. In instances where the complainant cannot read and write, the observers/monitors are required to fill the statements of complainant and verify the recorded statement by reading to them for confirmation.
4. All observers/monitors are to strictly observe confidentiality herein.
5. All filled complaints forms should be submitted immediately to NGEC coordinator.
6. Each complaint form applies to only a single complainant or group.

**Note: All observers are required to have an ink pad for thumb prints signature for complainants who cannot write.**

1. **BIO DATA Date:**
2. **Observer/Monitor Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable**  | **Coding**  | **Variable**  | **Coding**  |
| A1. Date (dd/mm/yyyy) | [ ] [ ] [ ] [ ] [ ] [ ][ ] [ ] | A.2 Name of the County  | [ ] [ ] [ ] |
| A.3 Name of the Constituency……………………………… | [ ] [ ] [ ]  | A4. Name of the Ward  | [ ] [ ] [ ] [ ]  |
| A5. Name of observer………………………….. | [ ] [ ] [ ] [ | A6. Primary cell number of monitor | [ 0 ] [ ] [ ] [ ] [ ] [ ][ ] [ ] [ ] [ ] |

1. **Complainant(s) details**

|  |  |  |
| --- | --- | --- |
| B1. Full NamesFirst name………………………..Maiden ………………………..Surname ………………… …… | B.2 Occupation/ Profession……………………………. | B.3 NationalityKenyan [ ]Other (specify) [ ] |
| B.4 Gender Male [ ]Female [ ] | B.5 Approx. Age *(in complete years)………………………..* | B.6 Email contacts of the complainant……………………….. |
| B.7 Postal Address…………………………… | B.8 Residential Address…………………………. | B.9. Tell number [ ] [ ] [ ] [ ] [ ] [ ][ ] [ ] [ ] [ ] |

1. **Name Person/ Organization against whom complaint is lodged**

|  |  |
| --- | --- |
| C.1 Name of the Person/ Organization1.…………………………………….2.………………………………………3…………………………………… | Contacts if known C.2Tel number [ ] [ ] [ ] [ ] [ ] [ ][ ] [ ] [ ] [ ] |
| C.3 Postal address…………………………. | C.4 Usual residence/location……………………………… |

1. **NATURE OF COMPLAINT (Tick as appropriate)**
2. Violence
3. Hate Speech and Discriminative materials
4. Campaigning outside the stipulated time of (6am and 7pm) and any campaigns after 2nd March 2013
5. Sexual Gender Based Violence
6. Bribery
7. Multiple voting
8. Undue influence of voters e.g. threats and intimidations
9. Forgery
10. Personation
11. Misuse of public resources
12. Political Party campaign venue clashing
13. Plagiarism and destruction of campaign materials belonging to another party
14. Tampering or destroying election materials
15. Voter transportation
16. Malpractices by IEBC officials
17. Any others (specify)…………………………………………………………………………………..

**2.1 Language of Recording Complaint**: Tick either language: English [ ] Kiswahili [ ]

**3.0 STATEMENT OF FACTS:**

(The statement should include the time, location of the incident, witness details, and brief overview of the incident as it occurred)

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**3.1 Relief/Redress Sought** (*what does the complainant want)*

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**3.1.2 Immediate Relief/Redress given IF ANY**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**3.2 Recorded By**: (Name of the statement maker)…………………………………………………………………………………..

**4.0 DECLARATION**

**a.) I,…………………………..……………………………………….…..……………..** hereby confirm that the information I have recorded herein is true to the best of my knowledge, information and belief.

Mark/ Complainant’s Signature......................................Date [ ] [ ]/ [ ] [ ]/ [ ] [ ][ ] [ ]

**b**). Statement recorded and read over to the complainant (*insert observer/ monitors name)....................................................*

Signature of monitor …..................................................Date [ ] [ ]/ [ ] [ ]/ [ ] [ ][ ] [ ]

**5.0 Complaints processing:** Inform your supervisor about the complaint