

**NURSING COUNCIL OF KENYA**

Nursing Council of Kenya Date ...........................................

P. O. Box 20056 – 00200, Time ............................................

Kabarnet Lane, off Ng’ong Road, Mode of Reporting……………………

Nairobi, Kenya.

Tel: +254 20 7854665, +254 20 7854669, +254 721920567, +254 733924669

Email: [complaints@nckenya.org](mailto:complaints@nckenya.org)

Website: [www.nckenya.com](http://www.nckenya.com)

**COMPLAINTS FORM**

Any person who wishes to present a complaint to the Council regarding any practice by a service provider/individual is strongly advised to fill in this form in addition to forwarding any complaint letter/document(s).

Complete this form in full and send its original copy to the Registrar/CEO on the above address. Information provided on this form is confidential and will only be used by the Council in an authorized manner. The Nursing Council of Kenya may pass on the details of your complaints to other government agencies who investigate customer complaints.

**1. (i) Complainant(s) Details**

Full Names…………………………………………………………………………………

Address: P.O. Box…………………………Postcode:…………………………………….

City/Town:…………………………………………………………………………………..

Telephone:…………………Mobile:…..……………………………………………….....

Fax:………….……Email:……………..…………………………………………………. ..

**(ii) Service provider details (Please indicate details of the service provider you are complaining about)**

Full Name of Organization…………………………………………………………………

Address: P.O. Box…………………………Postcode:…………………………………….

City/Town:…………………………………………………………………………………..

Telephone:…………………Mobile:…..……………………………………………….....

Fax:………….……Email:……………..…………………………………………………. ..

Nature of Business...............................................................................................................

**2. Type of complaint (Please tick the box that best describes your complaint)**

* negligence
* malpractice
* unethical conduct
* mal-administration
* breach of integrity/patient confidentiality
* misbehaviour
* misconduct
* incompetence
* Other (Specify)……………………………………………………….

**3. Nature/Facts of the Complaint (Briefly narrate the complaint or alleged practice by the Accused service provider/individual)**

**4. Have you exhausted the complaints mechanism provided by the Accused person?**

* Yes
* No

If yes, what is the name of the Agency?

Note: Please attach all relevant document(s) to support your complaint(s).