

**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)

**PUBLIC COMPLAINTS FORM**

Any person who wishes to present a complaint to the Council regarding its services or staff 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/deal with public complaints.

**1. Complainant(s) Details**

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

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

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

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

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

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

* corruption
* lack of services
* unethical conduct
* mal-administration
* inefficiency or ineptitude
* unfair decision
* misuse of office/abuse of power
* breach of integrity
* delay
* misbehaviour
* misconduct
* inattention
* incompetence
* injustice
* discourtesy
* Other (Specify)……………………………………………………….

**3. Nature/Facts of the Complaint (Briefly narrate the complaint)**

**4. Have you reported this complaint to any other Government Department/Agency?**

* Yes
* No

If yes, what is the name of the Agency?

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