



**REPUBLIC OF KENYA**  
**MEDICAL PRACTITIONERS AND DENTISTS BOARD**  
 (Cap 253)  
**APPLICATION FOR LODGING A COMPLAINT**

**I. DETAILS OF APPLICANT**

Full Names .....

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indicate full names as they appear on ID card, passport or certificate of incorporation at the companies registry of P.O Box .....Code.....Email..... town..... and telephone number.....residence..... official.....mobile.....wish to lodge a complaint with the Preliminary Inquiry Committee of the Medical Practitioners and Dentists Board on behalf of myself/another (*delete one*) .

**II. DETAILS OF COMPLAINANT (If different from above)**

- a) Title and Nationality.....
- b) Full names as they appear on ID card, passport or certificate of incorporation at companies registry .....
- c) Postal Address.....code.....Town.....country.....
- d) Physical Address (*indicate building & street*) .....
- e) Telephone .....
- f) Indicate the nature of the relationship between the applicant and complainant .....

**III. DETAILS OF PRACTITIONER OR IN RESPECT OF WHICH THE COMPLAINT IS LODGED**

- a) Full names-----
- b) Postal address and telephone-----
- c) Physical location-----
- d) Other details-----

**IV DETAILS OF INSTITUTION**

- a) Full names-----
- b) Postal address and telephone-----
- c) Physical location-----
- d) Other details-----

**V BRIEF NATURE OF COMPLAINT**

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**VI DOCUMENTS ATTACHED (tick where applicable)**

- a) Double spaced typed narrative explaining background history of the matter
- b) Payment of Kshs. 2000/ -
- c) Photocopies of relevant documents
  - i) -----
  - ii) -----
  - iii) -----
  - iv) -----
  - v) -----

I solemnly and sincerely declare that the information given is true.

Signature of applicant-----Date-----

**VII FOR OFFICIAL USE ONLY**

- 1) Case No. \_\_\_\_\_
- 2) Parties Involved \_\_\_\_\_ Licence No. \_\_\_\_\_
- 3) Practitioner's Registration No. \_\_\_\_\_ Licence No. \_\_\_\_\_
- 4) Institution's Registration No. \_\_\_\_\_ Licence No. \_\_\_\_\_