



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

I. DETAILS OF THE APPLICANT

Full Names

Indicate full names as they appear on ID card, passport or certificate of incorporation at the companies' registry of:

Id No./Passport No: -----Nationality-----

P.O. Box-----Code-----Town-----County-----

Telephone No : _____Email:-----

Mobile No: ----- I wish to lodge a complaint with the Preliminary Inquiry Committee of the Medical Practitioners and Dentists Board on behalf of myself Another (Tick as may be applicable)

II. DETAILS OF THE 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-----County-----
- d) Physical Address (*indicate building & street*) -----
- e) Telephone----- Mobile No:-----
- f) Indicate the nature of the relationship between the applicant and complainant ----

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

- a) Full names-----
- b) Postal address----- code-----
- c) Town----- County-----
- d) Telephone----- Mobile No:-----
- e) Email: -----
- f) Physical location/Building: -----
- g) Other details-----

IV DETAILS OF THE INSTITUTION

- a) Full names-----
- b) Postal address----- code-----
- c) Town----- County-----
- d) Telephone----- Mobile No:-----
- e) Email: -----
- f) Physical location/Building: -----
- g) Other details-----

V BRIEF NATURE OF COMPLAINT

VI DOCUMENTS ATTACHED (tick where applicable)

- a) Double spaced typed narrative explaining background history of the matter
- b) Payment of **Kshs. 2000** (*payment should be made to Medical Practitioners and Dentists Board Account No: 1103158643, KCB Bank, Milimani Branch*)
- c) Photocopies of relevant documents
 - i) -----
 - ii) -----
 - iii) -----
 - iv) -----
 - v) -----

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

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

VII FOR OFFICIAL USE ONLY

- 1) PIC Case No: -----
- 2) Practitioner’s Registration No. _____ Licence No. _____
- 3) Institution’s Registration No. _____ Licence No: _____

Checked By: _____ **Date** _____