



KAIMOSI FRIENDS UNIVERSITY (KAFU)



Office of public complaints

Database form

Ref. no _____

1. Complainant's details

Name (Prof/ Dr / Mr / Mrs / Ms)

ID Number _____

Postal address _____

Mobile _____

Email _____

County _____

Age _____

2. Respondent's details

Name (Prof/ Dr / Mr / Mrs / Ms)

Staff ID _____

Public Institution _____

Mobile _____

Email _____

County _____

Age _____

3. Details of the complaint

4. The facts of the complaint

5. The decision reached by the complaints officer

6. Root cause of the complaint
