




KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD.
APPLICATION FOR LODGING A COMPLAINT

*Pursuant to the Medical Laboratory Technicians and Technologists Act (CAP 253
A Laws of Kenya.*

 <p>KENYA MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS BOARD <i>Make Testing a Safe Reality</i></p>	APPLICATION FOR LODGING A COMPLAINT		DOCUMENT CONTROL . Serial: KMLTTB/DC/02 Version 001 Date: 2 ND JANUARY, 2025
	OWNER OF THE FORM	REGISTRAR	

APPLICATION FOR LODGING A COMPLAINT

FOR OFFICIAL USE ONLY:	Allocated Case Number:				Date of Receipt of the Complaint:
	CASE NO:		OF		
	Complaint Category:				

A. DETAILS OF THE COMPLAINANT/REPRESENTATIVE : TO BE FILLED BY APPLICANT.	
Name of Complainant/Representative*:	
Identity/Passport Number:	
Nationality:	
Postal Address:	
Physical Address:	
County:	
Sub-County	
Mobile Number:	
E-Mail Address:	
(Fill in this section if the representative is from an institution e.g. a law firm, a company, a non-governmental organization)	
Name of Institution:	
Postal Address:	
Physical Address:	
Name of Contact Person:	
Mobile Number:	
E-Mail Address:	
<i>If the above institution is a law firm, attach a 'Notice of Appointment' to this application.</i>	

B. DETAILS OF THE PATIENT (Fill in this section if the patient is not the complainant in 'A' above)	
Name of Patient:	
Identity/Passport Number:	
Nationality:	
Relationship to the patient: (You are the patient's e.g. father, mother, sister, guardian)	

DETAILS OF THE RESPONDENT(S)
Fill in either Section 'C' or 'D' or both depending on the nature of your complaint

C. DETAILS OF THE MEDICAL LABORATORY PRACTITIONER BEING COMPLAINED AGAINST		
Name of Medical Laboratory Officer who first conducted Investigations complained About:		
Name of Medical Laboratory Facility:		
County:		
Sub-County:		
Postal Address:		
Physical Address:		
Mobile Number:		
E-Mail Address:		
Names of other Medical Laboratory Practitioner/(s) complained against if any:		

D. DETAILS OF THE MEDICAL LABORATORY FACILITY BEING COMPLAINED AGAINST	
Name of Medical Laboratory Facility:	
County:	
Sub-County:	

Postal Address:		
Physical Address:		
Name of Contact Person:		
Mobile Number:		
E-Mail Address:		
Names of other medical laboratory facilities being complained against if any:		

E. DESCRIPTION OF THE COMPLAIN

F. DOCUMENTS TO BE ATTACHED	
1.	Attach a double-spaced typed narrative explaining the background history of the matter in detail <i>(*Mandatory)</i>
2.	List of copies of relevant documents attached:
i.	
ii.	
iii.	
iv.	

G. DECLARATION			
I solemnly and sincerely declare that the information given above is true to the best of my knowledge and belief.			
Signature of Complainant/Representative:		Date:	<i>DD/MM/YYYY</i>

NB: Circumstances for one to act as a Representative of a complainant:

- 1) *In case of a deceased person*
- 2) *In case of a minor*
- 3) *People living with Disability*
- 4) *Illiterate persons*
- 5) *Elderly persons*

****For one to act as a representative of complainant requisite legal documents will be required.***

