



**REGISTRATION/NOMINATION DISPUTE RESOLUTION
COMPLAINT FORM**

Complainant(s)

Name.....
ID/PP No.....
Address.....
Tel No..... Email (optional).....

Respondent(s)

Name.....
Address.....
Tel No.....

COMPLAINT

Complaint in regard to the nomination of..... (*Indicate name of nominee*) for the position of in..... County/Constituency/Ward for the 27th November 2025 By-Elections.

The Complainant states that the nomination was held on theday of.....2025 wherewas declared as nominated.

The Complainant(s) state that the nomination was improper due to (*state facts and grounds on which the complainant(s) rely on*)

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.....

Wherefore the Complainant(s) pray that it be determined that the said (*indicate name of nominee(s)*) was not duly nominated and the nomination was void (or as the case may be).

Dated thisday of....., 20.....

(Signed).....

Note:

- i. This form and the attachments should be filed in 6 sets.