

**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 ofin..... County/Constituency/Ward for the 9th August General Elections.

The Complainant states that the nomination was held on theday of.....2022 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 filled in 6 sets.