FORM – LD1

REPUBLIC OF KENYA
MEDICAL PRACTITIONERS AND DENTISTS BOARD
APPLICATION FOR LODGING A COMPLAINT
Pursuant to the Medical Practitioners and Dentists Act (CAP 253 – Laws of Kenya)

FOR OFFICIAL USE ONLY:	Allocated Case Number:	PIC CASE NO:		OF	2019
	Date of Receipt of Complaint:	*DD/MM/YYYY*			
	Complaint Category:				

A. DETAILS OF THE COMPLAINANT/REPRESENTATIVE	
Name of Complainant/Representative:	
Identity/Passport Number:	
Nationality:	
Postal Address:	
Physical Address:	
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:	
If the above institution is a law firm, attach a 'Notice of Appearance' to this application.	

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 PRACTITIONER(S) BEING COMPLAINED AGAINST		
Name primary doctor/dentist:		
Name of Health Facility:		
County:		
Postal Address:		
Physical Address:		
Mobile Number:		
E-Mail Address:		
Names of other practitioners being complained against:		

D. DETAILS OF THE HEALTH FACILITY BEING COMPLAINED AGAINST		
Name of Health Facility:		
County:		
Postal Address:		
Physical Address:		
Name of Contact Person:		
Mobile Number:		
E-Mail Address:		
Names of other health facilities being complained against:		

E. BRIEF NATURE OF THE COMPLAINT

F. DOCUMENTS TO BE ATTACHED	
1.	Attach a double spaced typed narrative explaining the background history of the matter in detail ***(*Mandatory)***
2.	List of copies of relevant documents:
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:	*DD/MM/YYYY*