

REPUBLIC OF KENYA
IN THE MATTER OF THE MEDIA COUNCIL ACT [2013]
COMPLAINTS COMMISSION
COMPLAINT NO.....OF
COMPLAINT FORM

1. Complainant Identity

Name of the Complainant (Person, Firm or Institution):

Address:

Telephone Number:

Fax Number (If applicable):

Email:

2. Respondent Details

Name of Respondent (Person, firm or Institution):

Address:

Telephone Number:

Fax Number (If applicable):

Email address:.....

3. Nature of the Complaint

Briefly state the nature of your complaint.

(Attach any document or statement that may be of help in your case.)

Please Turn Over.

4. Date of publication, broadcast or other damage:

.....

5. (If a story) I am complaining about the story because it is;

- a) Misleading
- b) Incomplete
- c) Inaccurate
- d) Inflammatory
- e) Biased
- f) Racist
- g) Promotes ethnic animosity
- h) Sexist
- i) Other (specify)

.....
.....

6. (If other damage) Please state.....

.....
.....

7. Remedy sought;

- a. Apology
- b. Correction
- c. Clarification
- d. Letter to the editor
- e. A follow up story
- f. Publish a commentary
Write
- g. Replace/repair/return
equipment

8. Declaration by the complainant

I hereby certify that the particulars given above are correct and true to the best of my knowledge.

Name.....

Signature.....

Date.....