P.O. BOX 44071 – 00100, NAIROBI, TEL: 2785000/0111035600,
Email: info@ukulimasacco.coop Website: www.ukulimasacco.coop

MEMBER COMPLAINT FORM

Complainant Name …….....

ID/Passport No. of Complainant: …….....

Mobile No. ……... Email address …….....

Postal Address of Complainant …….....

Employer of Complainant …….....…….....

DESCRIPTION OF COMPLAINT:

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Continue on a separate sheet if necessary

(Please attach copies of any relevant documentation)

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Signature of Complainant **Date**