

COUNTY GOVERNMENT OF VIHIGA



THE VIHIGA MUNICIPAL BOARD  
OFFICE OF THE MUNICIPAL MANAGER

COMPLAINT RECEIVING FORM (VCG/GRM/001)

Date: ..... (dd/mm/yyyy)  
Place of issuing complaint.....  
Complaint No.....

Mode of Receipt (please tick where applicable):

Writing	<input type="checkbox"/>	Verbal	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Email	<input type="checkbox"/>
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Details of the Complainant:

Name (optional).....Gender.....  
Address: .....  
Email address.....  
Phone no.: .....

Location of complaint/concern:

Village/Town..... Ward.....Sub County.....

Category of Complainant (please tick where applicable):

- i. Project Beneficiaries
  - ii. Project Executers
  - iii. Project implementers
  - iv. Funding agencies
  - v. Other interested party (Please specify)
- .....

Category of Grievances (please tick where applicable):

- i. Project implementation related
- ii. Social
- iii. Environment

Brief Description of the Grievance:

.....  
.....  
.....

(Attach letter/petition/ documents detailing grievance information as submitted).

Attachments:(1)\_\_\_\_(2) \_\_\_\_\_ (3) \_\_\_\_\_

Received/prepared

by.....Date: \_\_\_\_\_(dd/mm/yyyy)

Signature.....

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**ACKNOWLEDGEMENT RECEIPT (VCG/GRM/002).**

Date of issuing complaint (dd/mm/yyyy)

Complaint No.....

**Place of issuing complaint:**

Village/Town.....Ward.....Sub County.....

**Details of the Complainant:**

Name..... Age.....

Address.....Gender.....

Email address..... Phone no.: .....

**Supporting documents submitted:**

- i. ....
- ii. ....
- iii. ....
- iv. ....

**Summary of complaint:**

.....  
.....  
.....  
.....

Name of Officer receiving Complaint: \_\_\_\_\_

Signature of Officer receiving Complaint: \_\_\_\_\_

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**MEETING RECORDS STRUCTURE (GRIEVANCE REDRESS COMMITTEE).  
(CGV/GRM/003)**

Date of Meeting.....Complaint no.....Venue of Meeting.....

**List of participants:**

<b>Complainant Side</b>	<b>Grievance Redress Committee Members</b>
1)	1)
2)	2)
	3)

**Summary of Grievance:**

.....  
.....  
.....  
.....

**Key discussions:**

- 1)
- 2)
- 3)

**Decisions Made/Recommendations by the Grievance Redress Committee:**

- 1)
- 2)
- 3)

**Status of Grievance (tick where applicable):**

<b>Solved</b>	<input type="checkbox"/>	<b>Unsolved</b>	<input type="checkbox"/>
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Chairperson's name: \_\_\_\_\_

Chair person's signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

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DISCLOSURE FORM:(CGV/GRM/004).

Village/Town..... Ward..... Sub County.....

**Result of Grievance Redress.**

1. Complaint number:
2. Name of Complainant:
3. Date of Complaint:
4. Summary of the Complaint:

.....  
.....  
.....

5. Summary of Resolution:

.....  
.....  
.....

6. Level of Redress (*please tick where applicable*).

<b>First/Community</b>	<b>Second/Ward</b>	<b>Third/Sub County</b>	<b>Fourth/County</b>
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7. Date of grievance redress(dd/mm/yyyy): \_\_\_\_\_

Name of complainant: \_\_\_\_\_

Signature of the Complainant, indicating acceptance of the solution to his/her grievance: \_\_\_\_\_

Name of Grievance Handling Officer: \_\_\_\_\_

Signature of Grievance Handling Officer: \_\_\_\_\_

Date(dd/mm/yyyy): \_\_\_\_\_

*(Note: Copy to be sent to the complainant and the County GRM Secretariat)*

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**QUARTERLY REPORT OF REGISTERED COMPLAINTS:(CGV/GRM/005).**

Location..... Date (dd/mm/yyyy) .....

Period (Quarter ending) .....

**i. Details of Complaints Received:**

Place of issuing complaint	Name & Address of complainant	Location of complaint/concern	Date of Receipt	Complaint no.

**ii. Details of Grievance Redress Meetings:**

Date of meeting	Venue of meeting	Names of participants	Decisions/Recommendations made

**iii. Details of Grievances addressed:**

Date of issuing complaint	Category of complaint	Category of grievance	Brief description of grievance	Date of complete resolution

*(Note: Copy to be submitted to the GRM Secretariat).*

Appendix 2

THE VIHIGA COUNTY COMPLAINTS REGISTER.

REFNO.	DATE RECEIVED	COMPLAINTEE CHANNEL	NAME /ADDRESS / ANONYMUS	SUBCOUNTY / WARD / VILLAGE	COMPLAINT ISSUE	ACTION TAKEN	ROOT CAUSE / The actual cause	CORRECTIVE ACTION	STATUS	
									RESOLVED	ON-GOING
001	6 <sup>th</sup> May 2023	Written submission to the County Secretary.	Michael Okwemba ID: xxx Phone no: 0735xxx21	Sabatia Wodanga Ewojo	Allegations of failure by the CGV to compensate him from injuries sustained while driving a government vehicle and the same having been assessed by the County Occupational Safety & Health Office.	The matter was referred to Director HR for action.	Failure to expedite the process before completion is undertaken.	Referring the matter to the relevant Department.	Ongoing	The department looking for more information on the case for better handling of the case.
002	17 <sup>th</sup> Feb 2024	Call in	xxxxxx	Luanda	Bonafide students missing bursary	Reported to the	Corruption by the bursary ward	Auditing the bursary		View case

				Luanda South Thim Sunga	while able parents/Student	ward Admin	commit tees.	recipients	
00 3	14 <sup>th</sup> Aug, 2023	Phone call	Rose Koech		Allegations of erroneous deduction from pay slip.	Notified the County Secreta ry of the issue who marked it to Directo r HR.	Wrong entries by the payroll officers.	Payroll team notified, and corrected the issue. Paid with arrears.	Issue resolved and the officer commu nicated to give feedback. k.

**KEY:**

1. **Ref NO:** The entry number the client registers a complaint.
2. **Complaint channel:** Mode of registering the complaint; Calling, Memoranda, walking in to record/Social media accounts etc.
3. **Anonymous complainants** will not give their contacts for feedback

**KEY ON MODE OF REPORTING.**

- a. In person (persons with disability will be assisted to lodge the complaints).
- b. Complaints on behalf of persons unable to lodge complaints.
- c. Online via email, website, web posting, or a Vihiga County complaints management information system (VCCMIS) (When it is formally activated).

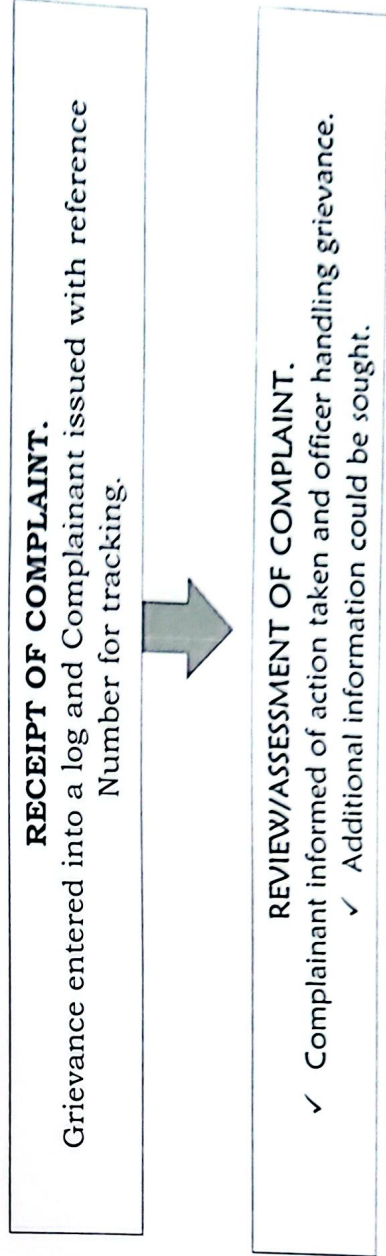
- d. Telephone.
  - e. In writing, including Braille.
  - f. Text messages.
  - g. Social media accounts.
4. **Root cause:** The actual problem and not the symptoms.

**GUIDING PRINCIPLES ON INFORMATION TO INCLUDE IN A COMPLAINT.**

**Complaints must:**

1. Identify the sub project/program subject of the complaint.
2. Clearly state the Process/service/project's adverse impact(s).
3. Identify the individual(s) submitting the complaint.
4. Specify if the complaint is submitted by representative of the person(s) or community affected by Process/service/project.
5. If the complaint is submitted by a representative, include the name, signature, contact details, and written proof of authority of the representative.

**PROGRESSION OF GRIEVANCE RESOLUTION.**







#### RESOLUTION OF GRIEVANCE.

- ✓ Fair adjudication of Complaint and resolution arrived at.
- ✓ If Complainant agrees, resolution is implemented and Case Closed.
- ✓ If Complainant disagrees, Appeal is allowed as a right.



#### APPEAL.

If the complainant is still dissatisfied at the County Level, they can appeal to other state agencies such as Commission for Administrative Justice (CAJ), Kenya Human Rights Commission, EACC, County Assembly, National Assembly, Project Implementation Unit (PIU) or Courts of Law.