



MINISTRY OF HEALTH

**STATE DEPARTMENT OF PUBLIC HEALTH & PROFESSIONAL STANDARDS
COUNSELLORS AND PSYCHOLOGISTS BOARD**

APPLICATION FOR LODGING A COMPLAINT

Pursuant to the Counsellors and Psychologists Act (Cap 33- Laws of Kenya)

FOR OFFICIAL USE ONLY:	Allocated Case Number:			Date of Receipt of the Complaint:	
	CASE NO:		OF		
	Nature of Complaint				

A. DETAILS OF THE COMPLAINANT/REPRESENTATIVE	
Name of Complainant/client:	
Identity/Passport Number:	
Nationality:	
Postal Address:	
Address: Physical Address:	
County:	
Mobile Number:	
E-Mail dress:	
(Fill in this section if the representative is from an institution e.g. a hospital, school, church/Mosque, a company, a non-governmental organization, individual private practice)	
Name of Institution:	
Postal Address:	
Physical Address:	
Name of Contact Person:	
Mobile Number:	
E-Mail Address:	

B. DETAILS OF THE CLIENT (Fill in this section if the client is not the complainant in 'A' above)	
Name of Patient:	
Identity/Passport Number:	
Nationality:	
Relationship to the client: <i>(You are the patient's e.g. father, mother, sister, guardian)</i>	

B. DETAILS OF THE CLIENT (Fill in this section if the client is a minor)	
Name of Patient: /age/gender	
Birth Certificate No. or Parents'/ Guardians' ID:	
Nationality:	
Relationship to the client: <i>(You are the patient's e.g. father, mother, sister, guardian)</i>	
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 of counselor/Psychologist:	
Name of Health Facility:	
Registration/License number of the facility by C&P BOARD .	
Registration NO: of the practitioner by the C&P BOARD if known	
Practice License NO: of the practitioner by the C&P BOARD if known.	
Country and County of Practice	
Postal Address:	
Physical Address:	
Mobile number:	
E-mail Address:	

E. BRIEF NATURE OF THE COMPLAINT

F. DOCUMENTS TO BE ATTACHED

1.	
2.	
i.	
ii.	
iii.	
iv.	
v.	

G. DECLARATION

I solemnly and sincerely declare that the information given above is true to the best of my knowledge

Signature of Complainant/Representative	Name	Date:	DD/MM/YYYY



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MENTION NOTICE

1) COUNSELOR/ PSYCHOLOGISTS DETAILS

a) Name.....

b) Address:

c) Telephone/Mobile No.:

d) Email Address:

2. DETAILS OF THE COMPLAINT

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MENTION DATE:TIME.....

VENUE..... SIGN.....

