

	<b>KENYA INSTITUTE OF SUPPLIES MANAGEMENT</b>		
	<b>Document: Form</b>		<b>Ref No.: KISM/Form/DRC/01</b>
	<b>Title: THE MEMORANDUM OF COMPLAINT</b>		
	<b>Department: CHIEF EXECUTIVE OFFICER</b>		
	<b>Issue No. 1</b>	<b>Revision No. 0</b>	<b>Date: 9/9/2022</b>

*(To be submitted in Triplicate)*  
**Case No: KISM/DRC/...../20....**

**A. THE COMPLAINANT**

Name:.....  
(Surname) (Middle Name) (First Name)

National Identification Number:.....Member Registration No.....

Cellphone No:.....Alternative Cellphone:.....

Email Address:.....

Postal Address:.....Code:.....Town/City:.....

Name of Alternative Contact Person:.....

Cellphone of Alternative Contact Person:.....

Are you living with a disability?.....  
(Yes/No)

If yes, give; Details/Nature of Disability.....

.....  
Details of Registration with the National Council for People with Disabilities  
(Registration No. and Date).....



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**E. LIST THE RELIEF SOUGHT**

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**F. DECLARATION**

I, .....the undersigned, being a Member of the **KENYA INSTITUTE OF SUPPLIES MANAGEMENT** declare the above information to be true to the best of my knowledge.

.....  
**Full Name of Member**

.....  
**Signature**

.....  
**Date**