



**NOMINATION DISPUTE RESOLUTION
COMPLAINT FORM**

Complainant(s)

Name.....

ID/PP No.....

Political Party/Independent Candidate Symbol.....

Address.....

Tel No..... Email.....

Respondent(s)

Name.....

Political Party/Independent Candidate Symbol.....

Address.....

Tel No.....

COMPLAINT

Nominations for theCounty/Constituency/Ward.

Complaint in regard to nomination of.....(*Indicate name of nominee complained of and party or symbol of nominee if an independent candidate*) to.....County/Constituency/Ward for the 8th August General Elections.

The Complaint states that the nomination was held on the day of.....2017 wherewas declared as nominated.

Complainant(s) state that the nomination was improper due to (*state facts and grounds on which the complainant(s) rely on*)
.....
.....
.....
.....
.....
.....

Wherefore Complainant(s) pray that it be determined that the said (*enter name of nominee(s) whose name is contested*) was not duly nominated and the nomination was void (or as the case may be).

Dated, 20..... (Signed).....

Note:

- i. *The Complaint must be accompanied by duly sworn affidavit(s)*
- ii. *The Complainant must, at the time of the hearing, have evidence of prior Service on the Respondent.*
- iii. *This form and the attachments should be filled in 8 sets.*