



**FORM 15  
COMPLAINTS FORM.**

**ELECTION/ALLOCATION OF NOMINEES BY THE PARTY OF DEMOCRATIC UNITY**

**COMPLAINANT**

Name .....

Id/pp. No.....

Party membership number.....

Seat complained e.g. MP/MCA E.T.C.....

Category e.g. Elected or nominated.....

If nominated marginalized or Gender top up or others specify.....

Officer of the party in charge of the said election complained of .....

Address.....Tel no.....Email.....

**Respondents**

Name.....

Address.....

Tel no.....

Id/pp. No.....

Party membership number.....

**COMPLAINT**

Complaint in regard to..... (Indicate name of ward constituency /county) with respect to nomination to the party list/elected.

Complainant state that the nomination/election was improper due to.....

Wherefore complainant prays that it be determined that the said ..... (Enter name of the respondent whose name is contested was not duly nominated was void (or as the case may be).

Sworn at Nairobi by the said \_\_\_\_\_ this .....day of .....20.....

**Before me commissioner of oaths**