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PUBLIC COMPLAINT/ACCESS TO INFORMATION REQUEST FORM

CITIZENS DETAILS

Title (Mr, Mrs, etc)

Surname

First name

County

Sub-County

Postal address

Email Address (if applicable)

Mobile Number

DEPARTMENT OF INTEREST

General	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>
Publishing	<input type="checkbox"/>	Sales and Marketing	<input type="checkbox"/>
Production	<input type="checkbox"/>	Sales and Customer Service Branch	<input type="checkbox"/>
Finance	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Business Development	<input type="checkbox"/>	Supply Chain	<input type="checkbox"/>
Internal Audit	<input type="checkbox"/>	Corporate Communication	<input type="checkbox"/>
ICT	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>
Quality Assurance	<input type="checkbox"/>		

DETAILS OF THE NATURE OF THE CITIZEN'S COMPLAINT/REQUEST FOR INFORMATION

For official use only

Complaint received by:

Date received

Action taken or required

Date action completion

Signature

**The Managing Director
Kenya Literature Bureau
P.O. Box 30022-00100
Nairobi**