

Form EACCA 7 COMPLAINT FORM

1. Name of person making complaint

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1. Name of person whose conduct is the subject of this complaint

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1. Description of complaint

(Provide a concise statement of the conduct that is the subject of the complaint including the dates on which the conduct occurred, and a statement indicating when and how you became aware of the conduct)

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1. Please attach to this form any other relevant information.
2. Is the conduct continuing?

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If not, when did the conduct end?

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1. Name, address and title of the signatory

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(Full Name)

………………………………………………….. (Address)

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(Signature)

.............................................................................

(Title)

………………………………………………… (Date)

1. For official use only:

Authority file number: …………………

Date filed: ………………………………….

1. Contact

East African Community AICC Building

P.O Box 1096

Kilimanjaro Wing 5th Floor