KIBABII UNIVERSITY
MANAGEMENT REPRESENTATIVE

COMPLAINTS REPORTING FORM

Complaints Received From……..……

No	Date Received	Name	Complaint issue	Root Cause	Action Taken	Action Date	Status *(Resolved, or Pending)*

Approved by: Prof. Donald Siamba Management Representative	**Sign:**	**Date:**
Authorized by: Prof. Isaac Ipara Odeo Vice Chancellor	**Sign:**	**Date:**