

Date Received:	
<b>COMPLAINANT / DETAILS</b>	
Name (or withhold name, if you wish to be anonymous):	
Address:	
Telephone / other contact details:	
<b>DETAILS OF COMPLAINT</b>	
<b>DETAILS OF LTWP RECIPIENT</b>	
Name of LTWP employee:	
Position:	
Location:	
<b>ACTIONS REQUIRED AND DETAILS OF COMPLAINT PASSED TO</b>	
Name:	
Position:	
Department:	
Date:	
Resolution:	
Date Complainant was informed of Resolution:	

Please return this form in a sealed envelope to:

- By e-mail: [contact@ltwp.co.ke](mailto:contact@ltwp.co.ke);
- By hand: Job Lengoiyap at the LTWP Office on the wind farm site in Marsabit County;

- By post: Felix Rottmann, Lake Turkana Wind Power Ltd, P.O Box 2114-00502, Karen.