**THE ZANZIBAR UTILITIES REGULATORY AUTHORITY**

**(ZURA)**

**COMPLAINT FORM**

**Form No. …..**

1. **Details of the Complainant:**

Name:

Jina: …………………………………………………………………………………………..

Name of Representative (where applicable):

Jina la Mwakilishi (Kama Yupo): ……………………………………………………………

Postal Address:

Anuani ya Posta:………………………………………………………………………………

Physical Address:

Anuani ya Makazi:……………………………………………………………………………

 Mobile Telephone:

Simu ya Mkononi:……………………………………………………………………………..

Email:

Anuani ya Barua Pepe: ………………………………………………………………………

1. **Details of the Respondent/** **Maelezo ya Mlalamikiwa:**

Name:

Jina: …………………………………………………………………………………………..

Postal Address:

Anuani ya Posta: ………………………………………………………………………………

Physical Address:

Anuani ya Makazi: ……………………………………………………………………………

 Mobile Telephone:

Simu ya Mkononi ……………………………………………………………………………

Email:

Anuani ya Barua Pepe: ………………………………………………………………………

1. **Nature of the Complaint (a separate sheet may be used)/**

**Maelezo ya Malalamiko (Karatasi ya Ziada inaweza kutumika):**

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1. **Reliefs sought/** **Nafuu Zinazoombwa**

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1. **Has the Complainant tried to resolve the complaint directly with the Respondent?**

 Je Mlalamikaji amechukua hatua zozote za kutatua malalamiko haya na Mlalamikiwa?

Yes/No

 Ndio/Hapana

If yes, explain steps taken and results:

Kama ndio, taja hatua alizochukua na matokeo ya hatua hizo:

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1. **Have the copies of all relevant documents been attached?**

 **Je nyaraka zote muhimu kwenye shauri hili zimeambatanishwa?**

Yes/No

 Ndio/hapana

If yes, itemize the list: (a separate sheet may be used)

Kama ndio zitaje: (Karatasi ya Ziada inaweza kutumika)

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1. **Any other relevant information:**

 **Maelezo mengine yeyote muhimu kwenye shauri hili:**

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1. Mimi/Sisi…………………………………………………………………………… Nathibitisha/Tunathibitisha kwamba maelezo yote yaliyotolewa kwenye malalamiko haya ni kweli tupu kwa ufahamu wangu.

**…………………………………**

**Signature of the Complainant**

 **Sahihi ya Mlalamikaji**

Date/Tarehe: ……/…../20

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| --- |
| **For Authority’s Use Only/ Kwa Matumizi ya Mamlaka tu:** Name of the officer receiving the complaint: ………………………………………..Date Received: …/………/20………… File No: …………………………………… |