REPUBLIC OF KENYA

P O Box 1172 – 40400

SUNA-MIGORI, KENYA

E-mail:migoricountygov@gmail.com

MIGORI COUNTY GOVERNMENT
LAND, HOUSING AND URBAN DEVELOPMENT
MUNICIPAL MANAGER
14 JAN 2026
MIGORI MUNICIPALITY
P. O. Box 195-40400, SUNA-MIGORI

MIGORI MUNICIPALITY

Office of the Municipal Manager

DEPARTMENT OF LANDS, HOUSING, PHYSICAL PLANNING &URBAN DEVELOPMENT

MIGORI COUNTY

Tel: +254-720-391-392

E-mail: *owinomt@gmail.com*

MIGORI MUNICIPALITY GRIEVANCE LOG

Date Received	Name and contact of Complainant	Investment/ project name	Nature/ details of complaint	Status of complaint Resolved/ unresolved	Action taken (How complaint was resolved or who was referred)	Date of Resolution
13/02/2026	Evans O. Okello	Illegal Mpesa Structure.	Removal of illegal Mpesa structure erected before Heritage hotel without County Government.	Resolved	The client was tasked to avail the relevant approval document.	06/02/2026
29/09/2025	Boaz Abwao Kivanda	Nyasare public toilet.	Premature termination of lease Nyasare public toilet.	Resolved	The client was advised to avail the relevant approval documents in	5/10/2025

					order to continue operation.	
27/10/2025	County Director NEMA	Illegal Effluent discharge from Oasis Hospital Migori.	The facility has been continuously discharging untreated waste water into River Migori.	Resolved	The facility management advised to immediately provide detailed waste water management plans for the Hospital.	27/10/2025
16/05/2025	Gordon Ochieng Ombok	Expulsion of Mr. Kennedy Odongo Gombe from the Migori Taxi Drives Progressive Group.	Mr. Kennedy had defaulted the group's constitution.	Resolved	Mr. Kennedy was advised to comply to the group's constitution if he needed to continue his membership.	20/05/2025
27/07/2024	County Director NEMA	Encroachment of storm drains by illegal structures and clogging of the drains.	Storm drains in town along market road behind Oasis Hospital have been encroached.	Resolved	The business community advised to comply with the Municipality By-laws and regulations.	27/07/2024

Prepared by:

Municipal Manager:

Owino Dismas Onyango.

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SAMPLE GRIEVANCE REGISTRATION AND RESOLUTION FORM

Name (Filer of Complaint): EVANS O' OKELLO

ID Number (PAPs ID Number): HEAD OF ENFORCEMENT MIGORI COUNTY

Contact Information (Telephone Number): _____

Nature of Grievance or Complaint: REMOVAL OF ILLEGAL MPESA STRUCTURE ERECTECTED BEFORE HERITAGE HOTEL WITHOUT COUNTY GOVERNMENT APPROVAL.

Date: 13/02/26 **Individual contacted:** MANAGER **Summary of Discussion:**

_____

Signature: _____ Date: 13/02/2026

Signed (Filer of Complaint): _____

Name of person Filing Complaint (If different from Filer): _____

Review/ Resolution

Date of Conciliation Session: 06/02/2026.

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Was Filer present: YES ✓ NO _____

Was field verification of complaint conducted? YES ✓ NO _____

Findings of field investigation: The client had not been given approval by the County Government

Summary of Conciliation Session: The client was tasked to avail the relevant approval documents.

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SAMPLE GRIEVANCE REGISTRATION AND RESOLUTION FORM

Name (Filer of Complaint): Boaz Abwao Kivanda

ID Number (PAPs ID Number): _____

Contact Information (Telephone Number): _____

Nature of Grievance or Complaint: Premature termination of lease of Nyasare Public Toilet

Date: 29/9/25 **Individual contacted:** Manager **Summary of Discussion:**

Signature: _____ Date: 29/09/2025

Signed (Filer of Complaint): _____

Name of person Filing Complaint (If different from Filer): _____

Review/ Resolution

Date of Conciliation Session: 5/10/2025

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Was Filer present: YES ✓ NO_____

Was field verification of complaint conducted? YES ✓ NO_____

Findings of field investigation: The structure was illegally placed and the client requested to vacate within seven days

Summary of Conciliation Session: The client was allowed to operate upon availing the relevant approval documents

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SAMPLE GRIEVANCE REGISTRATION AND RESOLUTION FORM

Name (Filer of Complaint): MR. TOM. TOGO

ID Number (PAPs ID Number): COUNTY DIRECTOR NEMA - MIGORI

Contact Information (Telephone Number): _____

Nature of Grievance or Complaint: ILLEGAL EFFLUENT DISCHARGE FROM OASIS HOSPITAL LOCATED IN MIGORI TOWN, MIGORI COUNTY.

Date: 27/10/2025 **Individual contacted:** MANAGER **Summary of Discussion:**

_____

Signature: _____ Date: 27/10/2025

Signed (Filer of Complaint): _____

Name of person Filing Complaint (If different from Filer): _____

Review/ Resolution

Date of Conciliation Session: 05/11/2025

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Was Filer present: YES ✓ NO_____

Was field verification of complaint conducted? YES ✓ NO_____

Findings of field investigation: THE FACILITY HAS BEEN CONTINUSLY DISCHARGING UNTREATED WASTE WATER INTO R. MIGORI.

Summary of Conciliation Session: THE FACILITY TO IMMEDIATELY PROVIDE DETAILED WASTE WATER MANAGEMENT PLANS FOR THE HOSPITAL.

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SAMPLE GRIEVANCE REGISTRATION AND RESOLUTION FORM

Name (Filer of Complaint): Gordon Odhiong Ombok

ID Number (PAPs ID Number): Chairperson Migori Taxi Drivers Progressive Group.

Contact Information (Telephone Number): Ex

Nature of Grievance or Complaint: Expulsion of Mr. Kennedy Odongo Gombe from the Migori Taxi Drivers Progressive Group.

Date: 16/05/2025 **Individual contacted:** Manager **Summary of Discussion:**

Signature: _____ Date: 16/05/2025

Signed (Filer of Complaint): _____

Name of person Filing Complaint (If different from Filer): _____

Review/ Resolution

Date of Conciliation Session: 20/05/2025

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Was Filer present: YES ✓ NO_____

Was field verification of complaint conducted? YES ✓ NO_____

Findings of field investigation: Mr Kennedy Ochieng had defaulted the Group's constitution.

Summary of Conciliation Session: Mr Kennedy was advised to comply to the group's constitution if he needed to continue his ~~opra~~membership.

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SAMPLE GRIEVANCE REGISTRATION AND RESOLUTION FORM

Name (Filer of Complaint): MR. TOM TOGO

ID Number (PAPs ID Number): DIRECTOR NEMA MIGORI

Contact Information (Telephone Number): _____

Nature of Grievance or Complaint: ENCROACHMENT OF STORM DRAINS BY ILLEGAL STRUCTURES AND CLOGGING OF THE DRAINS.

Date: 27/07/2024 **Individual contacted:** _____ **Summary of Discussion:** _____

Signature: _____ Date: 27/07/2024

Signed (Filer of Complaint): _____

Name of person Filing Complaint (If different from Filer): _____

Review/ Resolution

Date of Conciliation Session: 02/08/2024

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Was Filer present: YES ✓ NO_____

Was field verification of complaint conducted? YES ✓ NO_____

Findings of field investigation: STORM DRAINS IN TOWN ALONG MARKET ROAD BEHIND OASIS HOSPITAL HAVE BEEN ENCROACHED

Summary of Conciliation Session: THE BUSINESS COMMUNITY TO COMPLY WITH THE MUNICIPALITY BY-LAWS AND REGULATIO