

Complaint Form

Electrical Carpenter Plumber AC-Technician (Tick as applicable)

Date: _____.

Name of Complainant: _____

Student Caretaker Faculty Any other (Tick as applicable)

Contact No: _____.

School/Centre: _____.

Roll No/ ID card No: _____.

Sr. No.	Room/ Block No.	Campus/ Sector No.	Complaint Details	Nature of Complaint.

Description of Complaint: _____

Signature of Complainant: _____

Certified by Warden/Caretaker _____

(For Office Use)

Complaint Recd. by: _____

Regd. Sr. No/Date: _____

Complaint Solved on Dtd: _____

Other Comments: _____

Order for Filing: _____

(Declaration)

I hereby confirm that the above complaint has been satisfactorily resolved.

Name: _____

Sign: _____

Date: _____