



DIRECTORATE OF INFORMATION TECHNOLOGY

NETWORK/SYSTEM COMPLAINT FORM

To be filled in by the Complainant:

Name:	_____		
Designation:	_____		
Department:	_____		
Room No:	_____	Extn:	_____
Nature of complaint:	_____	_____	_____
Date:	_____	Signature:	_____

To be filled in by the Directorate IT:

Complaint No:	_____	Date:	_____
Domain:	NETWORK / SYSTEM		
Job assigned to Mr.	_____	Designation:	_____
Result / Report:	_____		
		Signature:	_____

Feedback:

Comments:	_____	Signature:	_____
-----------	-------	------------	-------