



# Women University Swabi

## IT Service COMPLAINT FORM

COMPLAINT NUMBER	DATE COMPLAINT FILED	TIME COMPLAINT FILED

Mark Appropriate Field	COMPLAINT CLASSIFICATION			
	<input type="checkbox"/> Hardware	<input type="checkbox"/> Software	<input type="checkbox"/> Network	<input type="checkbox"/> Others

- INSTRUCTIONS:**
1. If you wish to file a complaint, you may write your own letter or use this form.  
The complaint normally must be filed within 3 days of problem faced
  2. Complete as many areas as you can and provide as much detail and information as possible.
  3. YOU must be DIRECTLY affected by our service, our policies or an officer's conduct.
  4. The IT section will be not responsible in case of lost data or damage.

### COMPLAINANT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Name of Complainant	
Name of Department		
Telephone Number	Mobile Number	Email- ID

### COMPLAINT DETAILS

Date of Incident	Time of Incident	Location of Incident

Please complete the following sentence. **I am complaining that -**

**Describe what happened. Be sure to include how you were directly affected by the incident and information about Who, What, When, Where and Why.**

**If more space is required, please use blank paper and attach to form.**

#### For Official Use

Service Provider has to fill the following details with the consent of a complainant.

Is IT service provided? - Yes <input type="checkbox"/> - No <input type="checkbox"/>	Date _____ Time _____	Is problem solved? _ No <input type="checkbox"/> _ Yes <input type="checkbox"/>
Location where Service is provided	Name of service provider	Signature of complainant _____