

Lahore College for Women University Lahore

Complaint Form

Date: _____

Complaint No: _____

Time: _____

Ext: _____

Department / Office Name _____

Complainant Name: _____

Complaint Details:

Grade: Electricity

Furniture Sanitary

General

Sr.#	Nature of Work / Complain	Remarks
1.		
2.		
3.		

Senior Estate Officer: _____ Complainant Name: _____

HOD/DEAN

FOR OFFICE USE

Worker Name: _____

Requirement of Store Item.

1.		
2.		
3.		

Action Taken: Yes No Pending

Reason: _____

Verification by complainant:

Done

Not Done

Action Quality: Good

Satisfactory

Poor

Complainant
HOD/DEAN

Senior Estate Officer