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 **Senior Estate Officer**

HOD/DEAN