



INFORMATION TECHNOLOGY CENTRE (ITC)

University Of Azad Jammu And Kashmir
Administration Block
Muzaffarabad (A.K)

COMPLAINT FORM

1. Name of User : _____

2. Complete User Address : _____
with Phone & Mobile.No _____

3. Machine /Equipment Details : _____
(Model Sr.No. and Type/ Make)

4. Complaint Type : **Computer / Printer / Scanner /Internet / Networking /
Software/Antivirus / Website/ Others**

5. Problem : _____
(Details of Complaint)

Date:

(Signature of User)

Sign. of Head/In-charge of Department/Section

Note: - Requirement of new computers and peripherals may please be requested to DF&P.

For IT. Centre Office Only: -

CALL REPORT

Date of Complaint Received	
Date of Complaint Attended	
Complaint Attended by	
Technical Remarks	
Equipment details (S.No./Type)	
End User Satisfaction (Yes/No)	Yes / No
End User Signature	
Complaint Status (Closed/Open)	Closed / Open

LAN Tech/Network admin/System admin Signature: _____

Submitted to Director IT