

**NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA**

**COMPLAINT FORM**

**(TELEPHONE)**

Complaint No: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department/ Section: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Location \_\_\_\_\_

Nature of Complaint \_\_\_\_\_

Full Signature of Complainant

Work Attended on \_\_\_\_\_

Remarks by Complainant: \_\_\_\_\_

Signature of Supervisor (EPABX)