



VIDYASAGAR UNIVERSITY
Midnapore – 721 102
West Bengal
Complaint Form for Repairing

Name :

Designation :

Department :

Quarter No./ Room :

Block :

Nature of Complaint :

Date : Signature

Docket No. :

Docket No. :

The above complaint was attended on :

I am Satisfied / Partly Satisfied / Not Satisfied with the work.

Do you want to be attended again : Yes/No

Comment / Suggestion (if Any) :

Date : Signature