

VIDYASAGAR UNIVERSITY

Midnapore – 721 102 West Bengal Complaint Form for Repairing

Name	:	
Designation	:	
Department	:	
Quarter No./ Room	:	
Block	i	
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