



COMPLAINT / REQUEST FORM

Date: _____

1 Building & Works

- Electrical/Mechanical
- Civil
- Plumbing
- Horticulture
- Other

2 Information & Communication Technology

- Internet
- IT Support
- Telephony

3 Security / Janitorial

Complainant Name: _____

Complainant Department: _____

Contact No. _____

To: _____

Subject: _____

Complaint Details: _____

FOR OFFICE USE ONLY

Complaint No. _____ Date: _____

Name of Respondent / Refer To: _____

Material issued (if any) _____

Remarks: _____

WORK COMPLETION CERTIFICATE

It is certified that complaint / task mentioned above has been completed satisfactorily by the maintenance staff.

Complaint rectified by: _____

Acknowledgement by: _____