



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY TIRUCHIRAPPALLI,
TIRUCHIRAPPALLI - 620 012

Complaint Form

Name :-

DATE:

Staff ID / Roll No:

Contact No:

Room No:

Nature of Defect:

Location:

Civil / Electrical / Plumbing (Tick Appropriate)

Details of Defect:

Signature

Action Taken:

In charge Signature



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY TIRUCHIRAPPALLI,
TIRUCHIRAPPALLI - 620 012

Complaint Form

Name :-

DATE:

Staff ID / Roll No:

Contact No:

Room No:

Nature of Defect:

Location:

Civil / Electrical / Plumbing (Tick Appropriate)

Details of Defect:

Signature

Action Taken:

In charge Signature