

Balochistan University Of Information Technology, Engineering & Management Sciences, Quetta

Quality & Excellence in Education

F/SOP/14/01/00

DIRECTORATE OF INFORMATION TECHNOLOGY

NETWORK/SYSTEM COMPLAINT FORM

To be filled in by the Complainant:

Name: Designation: Department: Room No: Nature of complaint:	Extn:
Date: To be filled in by the Directorat	Signature:
Complaint No: Domain:	Date: NETWORK / SYSTEM
_	Designation:
	Signature:
Feedback:	
Comments:	Signature: