Shri Mata Vaishno Devi University

Network Centre Computer Maintenance Cell

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Date:

Complaint Form for Desktop/Laptop/Printer

Name of Employee: _____ Designation:_____

Department: _____ Mobile No. and Ext. No._____

Nature of Complaint (Hardware/Software)_____

Description of Complaint _____

_____

_____

- Please take backup of your data before sending CPU
- Never save your data in C drive/Desktop/My Document

Signature of Employee

Signature of Dean/Dir/HoD/Section Head

I/c Network Center

For Official use only

Complaint No: _____
Action Taken_____

Items Installed/Used_____

Recommendation_____

Signature of Computer Maintenance Coordinator   Signature of Receiver

Name:

Date: