



**Indira Gandhi Delhi Technical University For Women**  
**(Established by Govt. of Delhi vide Act 09 of 2012)**  
**Kashmere Gate, Delhi – 110006**

---

**COMPLAINT FORM**

---

**Electrical**       **Civil**       **Date of Complaint**   
(Please ✓ as appropriate separately for Electrical and Civil complaints)

Name of Complainant \_\_\_\_\_ Department \_\_\_\_\_

Contact No. \_\_\_\_\_ email id. \_\_\_\_\_

Sl.No.	Problem Description	Room No./Location

Signature of Complainant \_\_\_\_\_

HoD Approval:

It is requested to address the above mentioned problem.

Signature of the HoD (with date) \_\_\_\_\_

Name of HoD \_\_\_\_\_

---

**Acknowledgement of Complaint by PWD**

Date of complain received by PWD \_\_\_\_\_

Name of the PWD official \_\_\_\_\_

Signature \_\_\_\_\_