



HIMSR & HAHC Hospitals

Guru Ravidas Marg, New Delhi – 110062

Complaint Slip

Comp. No.....

Dated.....

Nature of Complaint: Civil / Plumbing / Electrical

Complained by.....

Place of complaint (Building and Room No.).....

Description of repair work.....

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Remarks of the Head of the Deptt.....

Signature of Head of Department

Dean

Head Maintenance Dept

For Office Use

Name of worker

deployed.....

Date on which Complaint is given to worker:.....

Report of worker.....

.....

Signature of worker

Report of Complainant.....

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Signature of the complainant