

**UNIVERSITY WORKS DIVISION**  
**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
**SECTOR 16-C, DWARKA, DELHI – 110 078**  
Tel: 011- 25302291, 25302293, Fax no. 25302290 website: ipu.ac.in

**Complaint Form**

1. Name of Complainant : \_\_\_\_\_

2. Mobile No. & Ext. No. : \_\_\_\_\_

3. Department/Building : \_\_\_\_\_

4. Room No./ House No. : \_\_\_\_\_

5. Complaint Type : **Electrical / Civil**

6. Problem : \_\_\_\_\_  
(Nature of Complaint)  
\_\_\_\_\_  
\_\_\_\_\_

7. Remarks : \_\_\_\_\_  
\_\_\_\_\_

Date :

(Signature)

\_\_\_\_\_  
Office Incharge/Lab Incharge  
(In case of Academic Area only)

UWD