

HARDWARE / SOFTWARE COMPLAINT FORM

User Complaint/Request	
Name of Court:	
Name of Section In-charge with Mobile No:	
Please Tick ✓ the Work Category <input type="checkbox"/> Item Make / Model with S. No. for H/W Complaint: <input type="checkbox"/> User/Email/Account ID for S/W Complaint: <input type="checkbox"/> Printer Cartridge Make/ Model for Refilling: <input type="checkbox"/> Item Make/ Model For New Item Purchasing:	
Problem Description (if required):	
Date (_____)	Signature (_____)
Technical Remark by SO/SA	
Signature (_____)	
Remark By Administration / Accounts / Store	
Signature (_____)	
Approval / Rejection By Presiding Officer	
Note or Approval By Presiding Officer to Issue Work Order to Concerned Vendor by Email <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Note:-	
Seal & Signature	

For the Use After Work Completion
Purchase/Work Order Number _____ Date _____ issued to Concerned Vendor i.e. _____ through Email and after work Completion Bill has been Received for Clearing.
Signature (_____) In charge - Store/ Administration