

**DIRECTORATE OF WORKS**  
**KHYBER MEDICAL COLLEGE, PESHAWAR**  
**COMPLAINT PROFORMA**

Complainant \_\_\_\_\_

Date of Complaint \_\_\_\_\_

Department /Section \_\_\_\_\_

Nature of Work (Please tick)                      Civil                      Sanitary                      Electrical                      Others

Detail of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant

- Preference will be given to students' related places & Administration
- No verbal/telephonic complaints will be entertained

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**(FOR OFFICE USE ONLY)**

Complaint No \_\_\_\_\_

Date of Complaint \_\_\_\_\_

No of Complaints to be addressed before this \_\_\_\_\_

S.No	Deputed Technical Personnel	Designation
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1  
2

Remarks by Directorate of Works KMC: \_\_\_\_\_



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**DIRECTORATE OF WORKS KMC**  
**COMPLAINT PROFORMA**

Complaint No \_\_\_\_\_

Date of Complaint \_\_\_\_\_

No of Complaints to be addressed before this \_\_\_\_\_