



ANNA UNIVERSITY REGIONAL CAMPUS – TIRUNELVELI
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COMPLAINT REGISTRATION FORM

Complaint Details	
Name of the Department	
Nature of Complaint	
Complaint Date	
Complained By(Name & Designation)	
Contact number	
E-mail id	
Signature of the HOD with Date	

For Office Use Only			
Complaint No.		Submitted By	
Received Date & Time		Received By	
Status of the Fault			
Closed on Date & Time		Signature	
Signature of the HOD with Date			

Signature of Staff in-charge

Signature of Faculty in-charge