

# HMIS Department, PIMS, Islamabad

## Complain Request Form



Dated: \_\_\_\_\_, 2019

### FOR USER DEPARTMENT

1	Department/Ward/Unit	
2	Name of Item/Article (with Make/Model if any)	
3	Date of Instalation/Commissioning	
4	Problem/Defect Reported:	
5	Defect detection date & time	
6	Previous complaint (if any) and action taken with Date & time	
		Name & Signature

### FOR USE OF HMIS DEPARTMENT ONLY

7	Action taken, Comments by concerned staff (PIMS/EGS):	
8	Remarks/Recommendations of Concerned Area Incharge	Name & Signature
9	Signature Approval of Manager-HMIS	

### FOR ADMINSTRATIVE USE ONLY

10	Remarks/Recommendations & Approval of the Authority:	
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