

Department of Biostatistics & Medical Informatics

University College of Medical Sciences

Complaint Form

System Maintenance and Networking

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Name of user: \_\_\_\_\_ Designation \_\_\_\_\_

Room/Ward Number \_\_\_\_\_  
(where the machine is located)

Nature of complaint: Networking  Hardware  Software

Time and date of complaint submission \_\_\_\_\_

Brief description of complaint: \_\_\_\_\_

(For example, computer not booting, UPS not working, internet connectivity, software malfunction etc.)

Most convenient time and date for availability of user \_\_\_\_\_  
(Please provide at least two options of 30 min time periods)

User's contact number \_\_\_\_\_

\_\_\_\_\_  
Complainant's Signature

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Form also available on UCMS website ([www.ucms.ac.in/FORMS/Complaint.pdf](http://www.ucms.ac.in/FORMS/Complaint.pdf)) and respective Department's office

Mobile Number of system maintenance personnel:

Networking: 9643406157 (Mr. Sandeep Joshi), 9643406155 (Mr. Rupesh Kumar)

Hardware/Software: 9643406156 (Mr. Razaque),

(If complaint is not attended by respective engineer with 2 days, user may contact or inform their respective In-charges.

Network In-charge : 9643406153 (Mr. Anil Chawla), Hardware In-charge: 9643406154 (Dr. Rajeev Kumar)

Complaint can be registered over phone no(s) 5901 & 5905

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For office use only

Complaint registration no. \_\_\_\_\_

Attended by: \_\_\_\_\_ Time & Date: \_\_\_\_\_

\_\_\_\_\_  
Maintenance personnel's Signature

\_\_\_\_\_  
Signature of respective In-charge