

**INSTITUTE OF BUSINESS ADMINISTRATION
KARACHI**

COMPLAINTS/MAINTENANCE FORM

COMPLAIN NO. _____

House No. / Room No. _____ occupant's name _____

Complaint(s) _____

Date _____

Signature of Occupant

FOR OFFICE USE ONLY

Work assigned to M/s. /Mr. _____

Admin Officer / Supervisor

**Material used/
Replaced and Maintenance**

**Old/Defective material
returned to office**

Date _____ Time _____

Signature of Worker

Report of Plumber/Electrician/Carpenter _____

Certificate of Occupant

The above work has been done satisfactorily.

Date _____ Time _____

Signature

Note: Date & time of the job done must be written.