



COMSATS University Islamabad

Sahiwal Campus

COMSATS Road, Off G.T. Road, Sahiwal

Ph. 040-4305001-5 Fax: 040-4305006 Web: www.sahiwal.comsats.edu.pk

DOC#CUI-SWL/IT/FORM/02 REV 01

Date: — / — / —

IT Services Suggestion and Feedback Form

Category: Student Employee

Name*:

Designation/Registration*:

Department*:

Email*:

Contact No:

Feedback as: Suggestion Compliment Complaint

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Signature: _____

IT Office Use Only

Action taken by: _____ Signature: _____