

# Holy Cross College, Agartala

## COMPLAINT FORM

We are committed to improve our service!

Date: \_\_\_\_\_

My Complaint(s)\_\_\_\_\_

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I believe my complaint will:

- |  |  |
|--|--|
| <input type="checkbox"/> Prevent Accidents     | <input type="checkbox"/> Reduce Costs      |
| <input type="checkbox"/> Improve Quality       | <input type="checkbox"/> Save Time         |
| <input type="checkbox"/> Improve Service       | <input type="checkbox"/> Prevent Waste     |
| <input type="checkbox"/> Improve Morale        | <input type="checkbox"/> Improve Academics |
| <input type="checkbox"/> Increase Productivity | <input type="checkbox"/> Others (Specify)  |

.....  
(Optional Information)

Submitted by \_\_\_\_\_

Dept.: \_\_\_\_\_ Mobile: \_\_\_\_\_

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