

The Islamia University of Bahawalpur

Directorate of Information Technology

CMS Complaint Form

Name		Designation	
Department		Complaint Date & Time	
Complaint Type	<input type="checkbox"/> Term Activation	<input type="checkbox"/> Courses	<input type="checkbox"/> Grading
	<input type="checkbox"/> Student Financial	<input type="checkbox"/> Time Table	<input type="checkbox"/> Instructor/Visiting Instructor Id Create
	<input type="checkbox"/> Password Reset	<input type="checkbox"/> Reports	<input type="checkbox"/> Student Enrollment
Others			
Remarks			
Complaint Resolve Date		Complaint Resolve Time	

Complainant Signature

CMS Consultant Signature

Director IT