



# 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](http://www.sahiwal.comsats.edu.pk)

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

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

Complaint ID \_\_\_\_\_

### IT Services Request Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_

#### Problem Category:

Hardware:

Software:

Other:

#### Description:

\_\_\_\_\_  
\_\_\_\_\_

#### Submitted By:

#### Recommended By (HoD):

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

This is to certify that work has been completed.

Signature of Complainant: \_\_\_\_\_

-----  
**For IT Office Use Only**

Task assigned to: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Checked By: \_\_\_\_\_ Signature: \_\_\_\_\_

In-charge IT: \_\_\_\_\_