



DEPARTMENT OF IT INFRASTRUCTURE

Action Taken Report

ATR NO:.....

Date.....

TO,
THE IT INCHARGE
SRM IST, Delhi-NCR Campus,
Modinagar

STAFF PARTICULARS	
Name of Staff:	
Employee Code:	
Department Name :	
Block Name & Floor No :	
Official Email ID :	
Grievance Resolution Details	
Grievance	
Date of Grievance Registration	
Date of Grievance Resolution	
Grievance Resolved by	
Feedback	
GOOD <input type="checkbox"/>	SATISFACTORY <input type="checkbox"/>
POOR <input type="checkbox"/>	

STAFF SIGNATURE

TECHNICAL ENGINEER SIGNATURE