Apprentice Information Systems, Inc.

Computer Solutions for the Next Generation

Customer Support Request Form

From: _____ To: _____

County: _____ Attn: _____

Office: _____ Date: ___/___/_____ Time: _____ ☐ AM ☐ PM

Level of Urgency
(Please check one)

- ☐ Critical – Must be corrected TODAY. We are down and cannot continue operation until this is resolved.
- ☐ Important – Needs attention as soon as possible. The problem causes more work for the staff and delays serving the public.
- ☐ Nuisance – Other offices' critical problems should be corrected first, but don't forget that this needs done.
- ☐ Suggestion – Here is a good way to improve the program.

☐ An old problem – Still needs fixed ☐ An occasional problem ☐ A new problem

Program or process: _____

Describe the problem in your own words: _____

_____

_____

_____

_____

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_____

(Attach additional notes, screen prints, reports or other materials which will help us understand the problem)

Please indicate any special schedule, time conflicts or other conditions which will assist us in providing the best response to your situation (i.e., when you or the user having the problem will be in the office, number where they can be reached, if someone is breathing down your neck, etc.).

Response Evaluation

(Please fax a completed copy of this form to us upon final resolution of this problem / request)

_____	___/___/_____	_____
Your Name	Date	AIS Contact(s)

I was		Response Was		AIS Personnel Was		
	☐ Pleased		☐ Speedy		☐ Friendly	☐ Unkind
	☐ Dissatisfied		☐ Slow		☐ Courteous	☐ Rude
	☐ Insulted		☐ None		☐ Helpful	☐ No Help

Comments: _____

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