



Telecom Trouble Report Form

Bureau/Department _____

Address of Phone with problem _____

Building - Floor - Room _____

City _____

Zip Code: _____

PROBLEM TYPE (check one box):

Desk Telephone

VoIP Phone

Fax Line

Telephone number of phone having problem: _____

User name on phone having problems: _____

Model of phone having problems: _____

If VoIP phone - provide MAC address: _____

Problem Description (what is the problem):

Any Error Message?

Contact at site, other than user with problems: _____

Contact phone number (other than the phone with problems): _____

Hours of Operation: _____

Have there been any CMS help desk tickets on this problem recently?

Yes

No

Is Yes, what is the ticket number: _____

Please forward (or e-mail) completed form to your Telcom Coordinator.