Information Technology Division
Customer Support Service Center
FAX (323) 343-0114
Service Calls (323) 224-2277

Employee# _____
Print First Name:_____
Print Last Name:_____
Title: _____
Email:_____
Contact Phone: ( ) _____
Room#_____

School/Office:_____

Location Code: ___ ___ ___ ___
Phone: _____
Fax: _____
Date:_____

Problem :

Device affected:
Red Tag#:
Unit S/N:
Make: **Model:**

Problem :

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Red Tag#:
Unit S/N:
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This form allows District schools and offices to FAX multiple service Incidents to the ITD Customer Support /helpdesk so that call agents can enter them into the Customer Support system. In order to properly process and track Customer Support Incidents all of fields on the form must be filled in. Only the Email address and separate Contact Phone number fields are optional. If this form is received with incomplete information it will be FAXed back with missing information fields circled for completion. Thank you for your cooperation.