Information Technology Division **Customer Support Service Center** **v1.0** **FAX (323) 343-0114**	**Service Calls (213 or 866) 633-8110** **(Report computers, printers, TVs, VCRs)**
Employee # _____ Print First Name:_____ Print Last Name:_____ Title:_____ Email:_____ Contact Phone: (323) _____- _____ Room#/Office: _____	School/Office: Jefferson HS/ _____ Location Code: 8714 Phone: _____ Fax: 323-231-4755 Date:_____
Problem: Device affected: Red Tag#: Unit S/N: Make: Model:	Problem: Device affected: Red Tag#: Unit S/N: Make: Model:
Problem: Device affected: Red Tag#: Unit S/N: Make: Model:	Problem: Device affected: Red Tag#: Unit S/N: Make: Model:
This form allows District schools and ofices 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 the 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.