

SOUTH EASTERN KENYA UNIVERSITY

DIRECTORATE OF ICT

USER SUPPORT FORM

USER DETAILS			
Name:			
Office Location			
Reported to:		Technician Assigned	
Date/Time Reported		Nature of Fault	Software <input type="checkbox"/> Hardware <input type="checkbox"/>
EQUIPMENT DETAILS			
Type of Equipment	Equipment Details:		
Computer (CPU) <input type="checkbox"/>	UPS <input type="checkbox"/>	Model e.g. (Dell or HP)	
Monitor <input type="checkbox"/>		Serial No	
Printer <input type="checkbox"/>		SEKU TAQ No	
Other (specify) <input type="checkbox"/> _____			
FAULT DESCRIPTION			
_____ _____ _____			
FAULT DIAGNOSIS			
_____ _____ _____			
END USER			
Was the problem resolved? Yes <input type="checkbox"/> No. <input type="checkbox"/>			
User Comments: _____ _____			
ICT TECHNICIAN COMMENTS			
_____ _____			
Name: _____	Signature _____	Date _____	Time _____

OFFICIAL USE

Problem Solved? Yes No.

Close Call? Yes No.

PROBLEM ESCALATION

NB: All unresolved issued must be escalated to the Director ICT.

COMMENTS

Name: _____

Date/Time _____