

UH Wireless Outage Incident Report

(Complete this questionnaire as thoroughly as possible and save to your system. Forward to the appropriate Escalation Tier 2 Representative)

Customer Name:

Phone Number:

Email address:

Today's Date:

Current Time:

Incident Location

Building Name:

Nearest Room Number:

Laptop or Cell Phone Information

Laptop: Operating System: WinXP WinVista Win7 MAC Linux

Cell phone

Brand:

Model:

IP Address:

MAC Address:

Assessment Notes: (Description of symptoms; steps taken to remedy; current status)

Service Rep Name:

Phone Number:

Dept: