

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES



**DIRECTORATE OF INFORMATION & COMMUNICATIONS TECHNOLOGY
TECHNICAL SUPPORT FORM**

Section 1: To be filled in by person/department with technical problem

Name:	Request Date
Department	Phone Number:
Building	Email
Room:	

Problem type: Please tick appropriate box

PC (Your computer)	Printer
Internet	Virus
E-mail	Software Application
Network	Landline
Extension	Other

Problem Description: Please describe the problem in as much detail as possible

Section 2: To be filled in at the help Desk

Job No: `	Date:	
Technical person assigned Job		

Section 3 To be filled in by Technical Person on completion of work

Please describe the problem in as much detail as possible

Section 4:

I confirm that the technical person/group worked on the problem described above

Client Name: _____ Signature _____ Date: _____