



Republic of the Philippines  
Department of the Interior and Local Government  
Region IV-A (CALABARZON)

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# ICT TECHNICAL ASSISTANCE REQUEST FORM

Control  
Number:

Requested Date:		Requested Time:		HARDWARE INFORMATION	
END-USER INFORMATION			Equipment Type:		
Requested By:			Brand/Model:		
Office:			Property No.:		
Position/Designation:			Serial No:		
Contact Number:			IP Address:		
Email Address:			MAC Address:		

## TYPE OF REQUEST:

<input type="checkbox"/> <b>DESKTOP/LAPTOP</b> <input type="checkbox"/> Hardware Error <input type="checkbox"/> Software Error <input type="checkbox"/> Computer Assembly <input type="checkbox"/> Parts Replacement <input type="checkbox"/> Virus Scanning	<input type="checkbox"/> <b>INTERNET CONNECTIVITY</b> <input type="checkbox"/> New Connection (Wired or Wireless) <input type="checkbox"/> No Internet (Cross or Exclamation) <input type="checkbox"/> Access to Blocked Site: _____ Purpose: _____ <input type="checkbox"/> Internet for Personal Phone/Tablet/Laptop Purpose: _____	<input type="checkbox"/> <b>SOFTWARE/SYSTEM</b> <input type="checkbox"/> Operating System, Office, Anti-virus <input type="checkbox"/> Records Tracking System <input type="checkbox"/> Google Drive <input type="checkbox"/> DILG Portals/Systems <input type="checkbox"/> Other software/s (please specify) _____ _____
<input type="checkbox"/> <b>PRINTER/SCANNER</b> <input type="checkbox"/> Installation <input type="checkbox"/> Troubleshooting <input type="checkbox"/> Sharing/Networking	<input type="checkbox"/> <b>GOVMAIL</b> <input type="checkbox"/> New Account <input type="checkbox"/> Change Account to _____ <input type="checkbox"/> Password Reset	<input type="checkbox"/> <b>OTHERS (please specify)</b> _____ _____ _____

<b>END-USER</b>		<b>RICTU</b>	
<b>ISSUE/PROBLEM/ERROR DETAILS:</b>		<b>FINDINGS AND RESOLUTION/RECOMMENDATION:</b>	
		Started Date:	Started Time:
		<input type="checkbox"/> Resolved	<input type="checkbox"/> Defective (to be referred to GSS for repair)
<b>ACCEPTANCE OF ICT TECHNICAL ASSISTANCE RENDERED:</b>			
_____ Signature over Printed Name			
<b>DEAR END-USER, YOUR FEEDBACK IS IMPORTANT TO US:</b>		<b>COMPLETION OF ICT TECHNICAL ASSISTANCE:</b>	
<b>1. Timeliness</b> Was the ICT Staff able to provide immediate assistance within three (3) hours or agreed timeline? (Yes/No) _____		Completed Date:	Completed Time:
<b>2. Quality</b> At a rating scale of 1 to 5, kindly rate the service rendered? (5 – Outstanding, 4 – Very Satisfactory, 3 – Satisfactory, 2 – Unsatisfactory, 1 – Poor) _____		_____ Signature over Printed Name	