



Help Desk Trouble Ticket

Ticket Number: _____

Ticket Category: _____

Ticket Information

Name:		ID #:	
Job Title:		Department:	
Phone:			
Manager:		Technician:	
Date and Time:			

Description of Problem

Technician Response

Assigned To:			
Date:	Time:	Total Hours Worked:	
Initial Action:			

Follow-up Action:	

Importance	<input type="checkbox"/>	Mission Critical	<input type="checkbox"/>	Slowing User Down	<input type="checkbox"/>	To Be Scheduled
Conclusion	<input type="checkbox"/>	Resolved	<input type="checkbox"/>	Pending (waiting for response)	<input type="checkbox"/>	Unresolved

Final Notes