JJIS Change Request/Problem Tracking Form

Agency:(circle one)

HPD	HcPD	KPD	MPD	HPA	HcPA	HYCF
1FC	2FC	3FC	5FC	KPA	MPA	JJIS

Date: _____   Contact Person: _____

Phone Number: _____   Fax: _____

Type:(circle one)   software   hardware   documentation   data

Severity:(circle one)   immediate   ASAP   nice to have

Description: _____

_____

_____

JJIS Administration:

Disposition:(circle one)   emergency   quick fix   returned   release   _____

Component(s) affected: _____

Person assigned: _____   Date: _____

Tester assigned: _____   Date: _____

STATUS	DATE	INITIALS
Assigned		
Defer		
Data Fixed		
Coding Pau		
Program Tested		
Completed		
Fax to Contact		

Change request number: _____