

IT Help Desk Ticket Request Form

Please fill out the fields below. This form is formatted for physical printing and manual submission to the IT Support Department.

1. Contact Information	
Full Name:	<input type="text"/>
Department / Office Location:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Extension / Contact Number:	<input type="text"/>
Date of Request:	<input type="text" value="MM/DD/YYYY"/>
2. Issue Details	
Device Asset Tag / Serial Number:	<input type="text"/>
Issue Category (e.g., Hardware, Software, Network, Email):	<input type="text"/>
Urgency Level (Low, Medium, High, Critical):	<input type="text"/>
Summary of Issue:	<input type="text"/>
Detailed Description of the Problem:	<input type="text"/>
Any Error Messages Displayed:	<input type="text"/>
3. For IT Department Internal Use Only	
Ticket Number Assigned:	<input type="text"/>
Assigned Technician:	<input type="text"/>
Date Received:	<input type="text"/>
Resolution Priority:	<input type="text"/>