Computer System Issues and Problem Report Form

Georgia WIC
COMPUTER SYSTEM ISSUES REPORT

Date submitted:	Date problem discovered:
Clinic number:	District/Unit number:
Name of person reporting issue:	Position:
Telephone number:	Email:
Name of person experiencing issue:	Position:
Telephone number:	Email:

Directions: Type a √ next to selections and email to aaainsley@dhr.state.ga.us

Problem Type: (Choose Option I or Option II below):

Option I

Part I   (To be completed when system goes down)

    1) **VMARS SYSTEM Shutdown:**

    2) **Date System Shutdown:**

    3) **System Solution Chosen: (check one below):**

        Manual TADS and vouchers

        Stored data in computer

Part II   (To be completed when the system come back on)

    1) **Date System Restored:**

    2) **Date information was entered into the VMARS System:**

Part III

    Contacted CSC on: **Contacted the State:**
          Date   **Date**

    Spoke to: **Spoke to:**

    Signature of Person who completed this report: