

IBA

IT Help Desk
System Support Slip
IBA CITY CAMPUS

HD

Date of Request _____ / _____

Name _____

Locatin _____

Problem _____

Nature _____

Normal / Urgent / Very Urgent

Assign To. _____

Description of Prob _____

Status _____

Complain No.

Signature _____

IT HD Services
Rating →

 *Very Satisfied*

 *Satisfied*

 *Not Satisfied*

Date: _____