

CONFIDENTIAL: This report is to be used by the CDPH ADAP Program and Enrollment Workers

ADAP Enrollment System Incident Report

Report Date and Time: _____

Person reporting the incident: _____

Enrollment worker name: _____ Enrollment Site Name: _____

Telephone Number: _____ Fax Number _____

Email: _____

Incident Summary

Description of the incident: _____

What was the impact of this incident to the user or ADAP client? _____

Client ID(s) Impacted: _____

Was it possible to eventually complete the intended task (e.g., submit an update after logging back on)? _____

What were you trying to do? _____

Incident Details

Date and time of incident: _____

Please tell us about the incident. CDPH ADAP will try to replicate the incident in order to correctly identify the problem:

1) What section of the AES were you working on when the incident occurred?

AES Section: Please describe the button, link, or feature used when the incident occurred

Login Screen: _____

Client Search: _____

Client Profile: _____

Dashboard: _____

Application: _____

Other (Please specify): _____

2) What did you observe? _____

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3) Was there an error message? Yes No

If yes, please type the error message here: _____

If you have a screenshot, please paste it below.

4) Did you try to contact CDPH ADAP for technical assistance? Yes No

If yes:

Method used to contact CDPH ADAP: Phone Email Fax Other _____

Date attempted to contact CDPH ADAP: _____

Did you reach a CDPH ADAP staff person? Yes No

If yes, what was the staff person's name? _____

If no, did you leave a message? Yes No

If yes, who did you leave the message with? _____

Was the CDPH ADAP staff person able to help? Yes No

Incident Outcome (Completed by CDPH Only):

Description of Outcome provided by CDPH