

DIDS PROBLEM REPORT

PART I - (To be completed by reporting Service or Agency)

TO:			FROM (Reporting Service/Agency):		
1. PROBLEM CONTROL NUMBER		2. PROBLEM PRIORITY ("X" Applicable box)			
a. ACTIVITY	b. JULIAN DATE	c. SEQUENCE	a. <input type="checkbox"/> MAJOR b. <input type="checkbox"/> CRITICAL c. <input type="checkbox"/> ROUTINE		
			3. SERVICE OR AGENCY CONTACT POINT (Name of person and telephone number)		
4. SERVICE OR AGENCY ACTIVITY CODE(S)			5. DOCUMENT IDENTIFIER CODE(S)		
6. NIIN(S), PSCN(S) OR SCN(S)			7. AUTODIN TRANSMISSION MESSAGE NUMBER(S)		
8. TRANSACTION DOCUMENT CONTROL NUMBER(S)				9. DATE TRANSACTIONS TRANSMITTED TO DLSC	
10. PROBLEM DESCRIPTION (Continue on reverse side if necessary)					
11a. TYPED NAME OF RESPONSIBLE OFFICIAL		11b. SIGNATURE		11c. DATE SIGNED	

PART II - (To be completed by DLSC)

TO:			FROM:		
12. PROBLEM RESOLUTION (Continue on reverse side if necessary)					
13a. TYPED NAME OF RESPONSIBLE OFFICIAL		13b. SIGNATURE		13c. DATE SIGNED	