Self Service Portal Reporting Form:

Date:

DPA Worker: **Self Service Portal #:**

Client Name: **Client Phone:**   **Client Email:**

Problem Summary: **Date & Time the Problem Occurred:**

What screen? (What does the screen say at the top, center?):

What field? (Where are you on this screen? What does the label for the space that you are entering information into say?):

What steps did you take to get here?:

Problems understanding the question? (What is the question?):

Did the user get an error message? If so - what was it?:

Disposition: