

Issue: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_ Customer Service Number: \_\_\_\_\_

|   |          |                |
|---|----------|----------------|
| Date/Time:  | Name/ID: | Direct Dial #: |
| Notes: _____<br>_____   |          |                |
| Resolution: <input type="checkbox"/> I hung up <input type="checkbox"/> They hung up <input type="checkbox"/> Disconnected <input type="checkbox"/> Transferred To: |          |                |

|   |          |                |
|---|----------|----------------|
| Date/Time:  | Name/ID: | Direct Dial #: |
| Notes: _____<br>_____   |          |                |
| Resolution: <input type="checkbox"/> I hung up <input type="checkbox"/> They hung up <input type="checkbox"/> Disconnected <input type="checkbox"/> Transferred To: |          |                |

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| Date/Time:  | Name/ID: | Direct Dial #: |
| Notes: _____<br>_____   |          |                |
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| Date/Time:  | Name/ID: | Direct Dial #: |
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