



TECHNICAL UNIVERSITY OF MOMBASA

Document: Form

Ref No.: TUM/Form/ICT/002

Title: INCIDENT MANAGEMENT

Department: ICT SERVICES

Issue No. 2

Revision No. 0

Date: 5th April 2018

User Department: _____ Date: _____

Reported by: _____ Title: _____

Reported to: _____ Title: _____

PROBLEM DEFINITION AND RESOLUTION

User Definition

User Name: _____ Title: _____

Technical Definition

Resolved by (Technician)

Resolved by: _____ Title: _____ Date: _____

Checked by: _____ Title: _____ Sign: _____

