

TCOOMMI Help Request Form Instructions and Form

General Instructions

- Ensure the most recent version is submitted. The form may be found |
- The TCOOMMI Program Director shall review the issue prior to submission.
- Complete all sections of this form. Incomplete forms will be returned to the Designated Contact.
- Completed forms and any attachments should be emailed to your Compliance Monitor.
- In the email subject line include: 'TCOOMMI Help Request Form'.
- In the event the Compliance Monitor is unable to resolve, the TDCJ ITD Help Desk will issue a work order number.
- A resolution return email will be sent to the Designated Contact upon completion.

FORM			
	Group Description	Field Description	Guidelines
1	Priority Level		Click on appropriate priority level
		Urgent	Requires TDCJ RID/TCOOMMI Deputy Director or designee approval (attach approval email)
		Routine	Allow up to 7 working days for completion
2	Designated Contact Information		Data about the person who reviewed the issue; Reviewer's contact information; supervisor or above
		Name of Designated Contact Reporting the issue	First and Last Name of Designated Contact
		Phone Number	Phone number (with area code) of Designated Contact
		Email Address	Email Address of Designated Contact
3	Issues		Click on one (1) module or area where the customer is experiencing the issue
		Duplicates Records	Issues related to duplicate records and their deletion
		Missing/Misallocated Data	Issues related to missing records or records that are not in the right place
		WebApp Access	Issues regarding accessing a TCOOMMI WebApp account. Can be related to network issues (please see below)
		Network	Issues related to the network that can affect TCOOMMI access. Urgent: Please see supervisor for guidance
		Server	Issues that may be related to the server. Urgent: Please see supervisor for guidance

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	Group Description	Field Description	Guidelines
4	TCOOMMI Module/Area		Module/Area/Screen where issue was found
		N/A	Select N/A if offender information is not related to the issue or multiples offenders
		Pending Referrals	
		Appointments	
		Code Maintenance	
		Benefits	
		MRIS	
		HIV	
		Offender Information	
		Referrals	
		Services	
		Vendor Mental Health Reporting	
		Statistical Reporting	
5	Offender Information		Offender data specifically related to the issue; If multiples offenders are involved, <u>include</u> list of all impacted offenders
		N/A	Select N/A if offender information is not related to the issue or multiples offenders
		Offender Name	Enter offender First and Last Name
		SID #	Enter Offender SID number
		TDCJ #	Enter Offender TDCJ number
6	Customer experiencing Issue Information		Data about the person experiencing the issue
		Physical Location of Customer	Enter actual physical location of the customer experiencing the issue
		Name of Customer	Enter First and Last Name of the customer
		User ID	Enter the User ID of the customer
7	Specific Issue Description		Enter in detail the specific issue the customer is experiencing. Be sure to include any screen prints.

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Email this document and any screen shots you can provide.

Send to: [Your Designated Contract Monitor](#) **Subject:** TCOOMMI Help Request Form

1. Priority Level

- Routine
- Urgent (Requires TDCJ-RID/TCOOMMI Deputy Director approval - attach approval email)

2. Designated Contact Information (supervisor or above)

Name of Designated Contact [Click here to enter text.]
Phone Number: [Click here to enter text.]
Email Address: [Click here to enter text.]

3. Issue Type

- Duplicate Records
- Missing/Misallocated Data
- WebApp Access
- Network **Urgent: Please see supervisor for guidance**
- Server **Urgent: Please see supervisor for guidance**

4. TCOOMMI Module/Area/Screen

- Pending Referrals
- Appointments
- Code Maintenance
- Benefits
- MRIS
- HIV
- Offender Demographics
- Referrals
- Services/Service Extension
- Vendor Mental Health Reporting
- Statistical Reporting

Screen

Please enter screen name

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5. Offender Information or N/A

**Please include 1 sheet per offender if multiple offenders are impacted.

Offender Name:

SID#:

TDCJ#:

6. Customer Experiencing Issue Information

Physical Location of Customer

Name of Customer: User ID:

7. Issue specific description.

Please describe in detail to include screen prints of any error messages.