

## Sample Template for CYBER 2.0 – Collecting Issues

Call PerformCare Service Desk 1-877-652-7624

Customer Service Request Form: [www.performcarenj.org/service desk/](http://www.performcarenj.org/service desk/)

**Critical issues are those that create a barrier to finalizing a process.**

### Superuser Identification

<b>Date issue occurred:</b>	
<b>First and Last name of Superuser:</b>	
<b>Superuser email and phone:</b>	
<b>Provider Type: (IIC, CMO, MRSS):</b>	
<b>Agency name and Medicaid # (if known):</b>	

### Reported by User

<b>UserID:</b>	
<b>Youth/Child ID:</b>	
<b>Computer/Laptop/Device Type</b>	
<b>Browser Type:</b>	<input type="checkbox"/> Chrome <input type="checkbox"/> Edge <input type="checkbox"/> Firefox <input type="checkbox"/> Safari
<b>CYBER Server # (listed at bottom of screen):</b>	<input type="checkbox"/> -06 <input type="checkbox"/> -07 <input type="checkbox"/> -08

Issue Description: *You may be asked to submit screenshots of the issue through the Customer Service Request Form. (Please review the CYBER 2.0 Presentation or Conversion Guide for reference.)*

What occurred (concise description)?

Why is the defect critical to your agency's work?

What warning/message was received (if applicable)?

What did you expect to occur?

How many users does the issue affect?

What did you do to try to work around the issue?


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