**KEES ISSUE TEMPLATE**

**\*DO NOT INCLUDE ANY PII\***

| Required Information: | Information Entered by Worker: |
| --- | --- |
| Date: |  |
| **Is Case Processing Stopped by this Issue? (Y/N)** |  |
|  |  |
| Required Information: |  |
| Full Name (end user): |  |
| Phone Number: |  |
| Email Address: |  |
| Your Location (ex: Clearinghouse, Glendale CO, Hampton VA, Lawrence OSW, etc.): |  |
|  |  |
| Required Information: |  |
| KEES Case Number: |  |
| Program Block Number: |  |
| Area within KEES (page name): |  |
| Description of Question/Issue: |  |
|  |  |
| If Rescind/Reapply Issue: |  |
| Who needs Rescinded/Reapplied (First Name): |  |
|  If Rescind, for what month: |  |
|  If Reapply, for what application date: |  |
|  |  |
| If EDBC Issue: |  |
| EDBC Run Month: |  |
| Was a Run Reason Used? If yes, which one: |  |
| Expected EDBC Result (Be specific): |  |
| Actual EDBC Result: |  |
|  |  |
| If Form or NOA Issue: | (Attach screenshot of entire Form/NOA) |
| Form Number (ex: V008): |  |
| What was selected on Document Parameters: |  |
| What was incorrect (Be specific): |  |
| After which EDBC was Form or NOA generated: |  |
|  |  |
| If Task Issue: | (Attach screenshot of Task from Task Inventory page) |
| Task Name: |  |
| Unique Task ID Number: |  |
|  |  |
| If Error Received: | (Copy/Paste JAVA errors to a Word doc and attach) |
| Date and Time Error Received: |  |
| What action did you take that gave the error: |  |
| Error Code (ex: 1700): |  |
| Unique ID of the Error: |  |

**KEES LATENCY ISSUE TEMPLATE**

|  |  |
| --- | --- |
| Required Information: | Information Entered by Worker: |
| Date: |  |
| Time Latency Started: |  |
| Full Name (end user): |  |
| Contact number for someone at your location: |  |
| Your Location (ex: Clearinghouse, Glendale CO, Hampton VA, Lawrence OSW, etc.): |  |
|  |  |
| Are you the only one experiencing latency? (Y/N) |  |
|  If others, please list who: |  |
|  |  |
| Is it isolated to certain screens? (Y/N) |  |
|  If yes, which ones: |  |
| Is it impacting EDBC? (Y/N) |  |
|  If yes, which program: |  |
| Is it impacting Tasks? (Y/N) |  |
|  If yes, in what way: |  |
|  |  |
| What case number were you on: |  |
| What were you trying to do (Be specific): |  |
| How long did the action take: |  |
| How long does that action typically take: |  |