

# HMAUS HI Touch Learning Clinic

## Support Worksheet

|                      |  |
|----------------------|--|
| <b>Date:</b>         |  |
| <b>Name:</b>         |  |
| <b>HMAUS Member:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe the Request (hardware issue, software issue, how-to, other problems):

Describe the Equipment or Software (model, device name, application version):

Problem Analysis and Diagnosis:

Recommendation(s):