Duration of the call:

Duration of the call:

Call Card

Call Card

Your name:	Date & Time:	Your name:	Date & Time:
Contact's name:	Contact's phone:	Contact's name:	Contact's phone:
Contact's location:	Contact's ID number:	Contact's location:	Contact's ID number:
Problem(s):		Problem(s):	
Action(s):		Action(s):	
			1
Closed:	Escalated:	Closed:	Escalated:
YES NO	YES NO	YES NO	YES NO
Priority:	Training needed:	Priority:	Training needed:
High 1 – 2 – 3 – 4 – 5 Low	YES NO	High $1 - 2 - 3 - 4 - 5$ Low	YES NO