TnCOP/CRMS Issue Form

Note: Upon completion, please save the form and attach it to an e-mail to: tncop.helpdesk@tn.gov

Agency ORI: _____   Incident/CAD #: _____

Agency Contact Name: _____

Phone Number: _____

Date Issue Occurred: _____   Did issue occur more than once? (Y/N) _____

Were you trying to enter new data? If so, what data were you attempting to enter? Group A incident, Group B arrest, etc.

_____

_____

_____

Were you trying to change data? If so, what record were you trying to change?

_____

_____

Description of Problem:

_____

_____

_____

_____

What browser did you use to access TnCOP/CRMS (Internet Explorer, Firefox, etc.)?

_____

If possible, please provide a screen print of the issue.