****SpectrumU™ Issue Escalation Form

## Minnesota State University, Mankato

## Account: 8352300610001415

Email completed escalation form to [**DLCBES@Charter.com**](mailto:DLCBES@Charter.com)

## Submitter information

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Telephone |  |
| Date of submission |  |

Issue Detail

|  |  |
| --- | --- |
| Date and time of issue |  |
| Device manufacturer |  |
| Device model |  |
| Device OS version |  |
| SpectrumU App version |  |
| Error message & code if available |  |
| Is issue consistently reproducible? |  |
| # of affected users (ie one building, whole campus, etc.) |  |

**Description of problem:**

*Please include screenshots if possible and steps taken when issue occurred*

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