**CalJOBS ℠ Issue Reporting Form**

(Please select/type the requested information)

**Contact Information**

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| --- | --- | --- | --- |
| Organization Name (if applicable): | Choose an item. | Date: | Click or tap to enter a date. |
| Contact Name: |  | Priority: | Choose an item. |

**Issue**

|  |  |
| --- | --- |
| Issue Type: | Choose an item. |
| Title / Description: |  |
| Expected Behavior: |  |
| Actual Behavior: |  |
| Path / Reproduction Steps: |  |
| Example / Sample: |  |
| Individual’s State ID or user name (if applicable): |  |
| Staff user name or System ID (if applicable): |  |
| Report filter criteria and/or Application # |  |
| Screenshot 1: |  |
| Screenshot 2:\*\*\*If applicable, please add additional screenshots below |  |