|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IVR Self Service-Based Form** | | | | | |
| **Agency Name** |  | | | | |
| **Department** |  | | | | |
| **Address** | |  | | | |
| **Contact Name** | |  | | | |
| **Contact Phone** | |  | | | |
| **Contact Email** | |  | | | |
|  | | | | | |
| **IVR Self Service-Based** | **Basic**  **System**  **Requirements** | | # Calls/Per Day |  | |
| Avg.Call Length/Sec |  | |
| Hours of Operation |  | |
| DTMF (touchtone) | Yes No | |
| Speech Recognition | Yes No | |
| Multiple Languages | Yes No | |
| Number of Languages |  | |
| Do you have a Current Auto Attendant or  Call Flow | Yes No | |
| Toll Free Number or Numbers | Yes No | |
| Toll Free Number |  | |
|  | | | | | |  | Archive Days of Storage  ***Example: 90+Days*** |  |
| **Database integration** | *(The IVR will integrate with your Database or Web Site with a ODBC, VXML or other connection methods)* | | Do you have a Database? | | Yes No |
| Database Type | |  |
| Do you have a  Web Site? | | Yes No |
| Web Site URL | |  |

Please complete the form and email to ITS.Incidents@its.nc.gov