

SWCS COMPUTER DAMAGE REPORT



STUDENT'S
NAME: _____

DATE OF REPORT: _____

GRADE: _____

TIME OF REPORT: _____

INCIDENT INFORMATION

INCIDENT TYPE
(LOSS/DAMAGE/THEFT): _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

LOCATION: _____

CITY: _____ STATE: _____ ZIP CODE: _____

INCIDENT DESCRIPTION

NAME OF WITNESSES:

1. _____
2. _____
3. _____

If stolen, was a POLICE
REPORT FILED? _____

FOLLOW-UP ACTION

PRINCIPAL'S
NAME: _____

PRINCIPAL'S
SIGNATURE: _____

DATE: _____

PARENT'S
NAME: _____

PARENT'S
SIGNATURE: _____

DATE: _____

STUDENTS: Please complete this form and turn into your school office. The office will mail home for your parent(s) signature.

PARENTS: Please sign and return to the school main office.

Thank you