

Note: all Items and Sections noted in ***bold italics*** with an asterisk are required fields and MUST be completed

Submitter's FIRST Name: _____ Submitter's LAST Name: _____

Phone Number: _____ eMail Address: _____

School / Building*: _____

Date of Incident*: (m/d/y) _____ **Time of Incident***: (use 24-hour clock e.g. 1:15 pm is 13:15) _____

LOCATION* (if other than school)

FACILITY Name: _____

Address: _____

City: _____ **Postal Code:** _____

Provide more details, if necessary: _____

PROPERTY DAMAGE

TYPE OF LOSS*

Accidental Breakage Break-In Fire Flood Theft Vandalism

Other (specify)

TYPE OF PROPERTY*

Building Damage Electronic Equipment Furniture Musical Instruments Other (specify)

Description of Item _____

Date of Acquisition (m/d/y) _____

Make _____ Model _____ Serial No. _____

Repair or replace? Yes No Estimated repair / Replacement cost: \$ _____

Owned by District / School Board Employee Student Third Party

Owner First Name: _____ Owner Last Name: _____
(if property is not owned by District/Board)

Description of Property Damage* _____

Description of what caused the damage _____

Fire Department contacted? Yes No



PROPERTY DAMAGE REPORT
(Non-Vehicle)

Were the police notified? Yes No Police File Number: _____

Is restitution being sought? Yes No

If restitution is being sought, please complete the information below:

First Name: _____ **Last Name:** _____
Phone: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ eMail Address: _____

Date of Report: _____

Report Approved by: _____
(print clearly)

Position: _____
(print clearly)