



Laidley SHS Digital Futures

Device Incident Report

This form should be completed when reporting an incident relating to a school owned device.

Student Name: _____

Nature of Incident:

Malfunction

Damage

Date of Incident: / / **Time:** :

Location: _____

Description of Incident:

Include details of where the device was at the time and full of what occurred.

- If the device is not working, describe what the problem is and if you know what may have caused the problem.
- If accidental damage, describe the incident and the damage.

Student's name

Signature of student

Date

Parent / caregiver's name

Signature of parent / caregiver

Date