

Anaheim Union High School District District Property Loss / Damage

*This form should be used to report incidents at school sites when damage or loss of DISTRICT property has occurred.
(Employee claims should be reported on "Claim for Employee's Personal Property Loss/Damaged" form.)
Administrative secretary should retain a site copy and send completed/signed forms to the Risk Management.*

Incident Details

School Site: _____	Date of Incident/Discovery: _____
Incident Type: <input type="checkbox"/> Student Vandalism <input type="checkbox"/> Unknown Vandalism <input type="checkbox"/> Burglary <input type="checkbox"/> Mysterious Disappearance <input type="checkbox"/> Fire/Arson <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Flood <input type="checkbox"/> Non-Malicious Accident <input type="checkbox"/> Other: _____	
Where specifically did the loss/damage occur: _____	
Name of person you believe may have been responsible for the loss: _____	<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other
Name of person/witness you believe may have knowledge of the loss: _____	<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other
Police Department: _____ <input type="checkbox"/> N/A	Police Report #: _____
Are repairs needed as a result of this incident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Order Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/> Work Order Number: _____
Describe the loss/damage: _____ _____ _____	

List Loss / Damage (List additional items on separate sheet.)

QTY	ITEM	MODEL	SERIAL #	COST	ORIGINAL PO / DATE

Additional Remarks (Any information which affect a solution, recovery, or restitution.)

Completion (Please print)

Name of Reporter: _____	Title: _____	Date: _____
Name of Admin Reviewer: _____	Title: _____	Date: _____

If applicable, attach police report, work orders, pictures, or other information and send to Risk Management.

Business Office Only

Cost to repair (Labor/Material): _____	Claim Info: <input type="checkbox"/> Filed with Ins <input type="checkbox"/> Restitution <input type="checkbox"/> Internal
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