NSW Department of Education and Training

DIGITAL EDUCATION REVOLUTION - NSW
LAPTOP INCIDENT REPORT

This form must be complete by students or staff when reporting an incident relating to Laptops. It is also required to be attached to Treasury Managed Fund claims. Attach statutory declaration if supplied.

Name: ____________________________________________

[ ] Teacher  [ ] Student

Year: 9  10  11  12  (please circle year)

Nature of incident:  [ ] Theft  [ ] Loss  [ ] Damage  [ ] Malfunction

Date of incident: ___/___/____  Time: ____________________

Location: ____________________________________________

Name of person who discovered/experienced incident: ____________________________________________

Contact phone number: _________________________________

If theft or damage by another person:

Notify police:  [ ] yes  [ ] no  If yes, police event number: _________________________________

Description of Incident:
• Include details of where the laptop was at the time and full details of what occurred.
• If accidental loss or theft, describe the incident.
• If accidental damage, describe the incident and the damage.
• If the laptop is not working, describe what the problem is and if you know what may have caused the problem.

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Student’s Signature: ___________________________ Date: ___/___/____

Parent’s Signature: ___________________________ Date: ___/___/____

(Parent signature is also required for student reports regarding theft, loss or accidental damage)
NSW Department of Education and Training

DIGITAL EDUCATION REVOLUTION – NSW
LAPTOP INCIDENT REPORT – SUPPLEMENTARY INFORMATION

To be completed by the Student or Teacher:

FOR STOLEN LAPTOPS ONLY:

Full Address/Location of Theft:
- Include details of where the laptop was when stolen – e.g.: home, work, public location or car

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Last known location: ____________________________

Last known activation time (last time used): ________________

Was the Power Cord Stolen? YES / NO

Police Station where report was filed: ____________________________

Officers full name (who recorded the details): ____________________________

Contact Phone number for Police Officer/Station: ____________________________

To be completed by TSO:

FOR ALL LAPTOP INCIDENTS:

Laptop Serial Number: ____________________________

School Name & Code: Asquith Boys High School 8245

Student/Teachers Username: ____________________________

TSO Contact Name: Luke Hughes TSO Phone No: 0401 494 846