



Huron-Superior Catholic

DISTRICT SCHOOL BOARD

**ACCEPTABLE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY
RESOURCES
MISSING AND DAMAGED IT EQUIPMENT**

This report is applicable to staff in contact with board-owned equipment. The report should be completed by a board employee within 24 hours of a reported incident. The board employee completing this form should be the site Supervisor or Administrator.

NAME OF PERSON INVOLVED IN INCIDENT: _____
First Name Last Name

NAME OF EMPLOYEE COMPLETING REPORT: _____
First Name Last Name

DATE INCIDENT OCCURRED: _____

DATE REPORT COMPLETED: _____

DESCRIPTION OF DEVICE DAMAGED OR MISSING (include serial number or asset tag if possible):

DETAILS ABOUT DAMAGE OR LOSS

LOCATION OF INCIDENT: _____

WAS A POLICE REPORT FILED Y N

EXPLANATION OF INCIDENT

Supervisor's Signature: _____

Please check all that apply:

- I have reviewed the contents of this report with the student or employee.
- I have retained a copy of this report for my own files.
- If one or more students were involved in this situation, I have contacted their parents/guardians.

Please submit a copy of the signed form to the Manager of the Information Technology Department. This form will be reviewed with senior administration and a decision about a replacement and/or repair will be made and communicated to the supervisor within 30 days.