

School Property Damage Incident Report

Date of Incident**Time of Incident****Location**

Enter specific area

Reported By

Full Name

Position/Role

e.g., Teacher, Student

Description of Damaged Property

Describe the damaged property

Incident Details

Provide a detailed account of the incident

Witness(es) (if any)

List any witnesses with names and contact info

Action Taken

Describe any immediate actions taken

Signature

Your Signature

Date

