

Facility Room Damage Reporting Form

Your Name

Email

Room Number / Location

Date Observed

Time Observed

Type of Damage

Select type

Description of Damage

Provide a concise description of the damage

Possible Cause(s) (select any that apply)

- Accidental
- Vandalism
- Wear & Tear
- Unknown

Additional Comments / Information

Attach Photo(s) (if any)

Choose File | No file selected