

# Facility Room Damage Reporting Form

Your Name

Email

Room Number / Location

Date Observed

Time Observed

Type of Damage

Description of 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