

Loss, Damage or Theft Report - Information Technology, Department of Anesthesiology and Critical Care Medicine
Complete form and return to: Sharon Paul, ACCM IT, Blalock 1390, 5-2220

Date Reported: _____ / _____ / _____	Signature: _____
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INFORMATION SECTION	
Last Name: _____	First Name: _____
Building Room #: _____	Phone #: (_____) _____ - _____
	JHED ID: _____

INCIDENT DESCRIPTION AND CAMPUS SAFETY SECTION	
Select one of the following:	<input type="checkbox"/> Damage <input type="checkbox"/> Loss <input type="checkbox"/> Theft
Date of Incident: _____ / _____ / _____	Approximate Time: _____ : _____ am / pm
Describe the circumstances of the loss, damage or theft of the laptop:	
Describe the damage to the laptop (if applicable): _____	
Campus Safety Signature: _____	Date: _____ / _____ / _____
Current status of investigation and Report Number: _____	

INFORMATION AND MEDIA TECHNOLOGY SECTION	
Laptop IT Asset Tag # _____	Laptop Serial #: _____
Technician Name: _____	Technician Signature: _____