



Mattamuskeet Campus Mobile Device Incident Report

Please turn in form and device to the MECHS Media Center

Student's Name:	
Serial Number:	
Password:	
Date of Incident:	
Date Reported:	
Parent's Name:	
Phone Number:	
Email Address:	

Type of Incident (Please check the appropriate box)

Accidental Damage:	Intentional Damage:	Theft with police report:	Theft without police report:	Loss of device:	Hardware Issues:	Other (describe):

Who did the damage? Example: I did the damage

Where did the damage occur? Example: At my kitchen table

When did the damage occur? Example: Last night

What is damaged or not operating on the device? Example: The keys are not working.

Describe what happened to the device? Example: left in sun, spilled water on it

Student's Signature _____ Date _____

Teacher's Signature _____ Date _____

Tech Support Signature _____ Date _____