**DIGITAL EDUCATION REVOLUTION - NSW**  
**LAPTOP INCIDENT REPORT**

This form must be complete by students or staff when reporting an incident relating to Laptops. It is also required to be attached to Treasury Managed Fund claims. Attach statutory declaration if supplied.

Name: ________________________________________________

[ ] Teacher [ ] Student

Year: ____________________

<table>
<thead>
<tr>
<th>Nature of incident:</th>
<th>[ ] Theft</th>
<th>[ ] Loss</th>
<th>[ ] Damage</th>
<th>[ ] Malfunction</th>
</tr>
</thead>
</table>

Date of incident: _______________  
Time: _________________

Location: ____________________

Name of person who discovered/experienced incident: __________________________

Contact phone number: ________________________

If theft or damage by another person:

Notify police: [ ] yes [ ] no  
If yes, police event number: ______________________

**Description of Incident:**

- Include details of where the laptop was at the time and full details of what occurred.
- If accidental loss or theft, describe the incident.
- If accidental damage, describe the incident and the damage.
- If the laptop is not working, describe what the problem is and if you know what may have caused the problem.

Student’s Signature: ____________________  
Date: ____________________

Parent’s signature: ____________________  

(Parent signature is also required for student reports regarding theft, loss or accidental damage)
To be completed by the Student or Teacher:

FOR STOLEN LAPTOPS ONLY:

Full Address/Location of Theft:
- Include details of where the laptop was when stolen – eg: home, work, public location or car

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Last known location: _______________________________________________________________________________________________

Last known activation time (last time used): __________________________________________________________________________

Was the Power Cord Stolen? YES / NO

Police Station where report was filed: _______________________________________________________________________________

Officers full name (who recorded the details): __________________________________________________________________________

Contact Phone number for Police Officer/Station: __________________________________________________________________________
________________________________________________________________________________________________________________________________________

To be completed by TSO:

FOR ALL LAPTOP INCIDENTS:

Laptop Serial Number: ____________________________

School Name & Code: ______________________________________________________________________________________________

Student / Teachers Username: ________________________________________________________________________________________

TSO Contact Name: _______________________________________ TSO Phone No: ____________________