

BEVERLY HILLS UNIFIED SCHOOL DISTRICT

INCIDENT/DAMAGE/VANDALISM REPORT

To be completed and submitted to the Assistant Superintendent Business Services Office within 24 hours

Date: _____ Time: _____ School: _____

Person(s) Notified _____ District Employee Name: _____

DAMAGE/VANDALISM/THEFT

Building/Room Number _____

Window(s) _____ Door(s) _____ Graffiti _____ Equipment _____ Other _____

Comments/Additional Information: _____

Please list all items that were damaged/stolen. Please list all items that were purchased for repairs and submit copies of all receipts.

Total Cost Item Make Serial # Estimated Cost Missing/Damaged Man Hours _____

INCIDENT

Who: _____ What: _____ When: _____

_____ Where: _____ Witness: _____

_____ Action Taken:
