

# Workplace Property Damage Incident Report

Date of Incident

Time of Incident

Location of Incident

(e.g. Building, Room Number)

Reported By

Full Name

Department/Position

Contact Information

Phone or Email

Description of Incident

Describe what happened

Property/Equipment Damaged

(e.g. Laptop, Window, Tool)

Extent of Damage

Describe the damage

Possible Cause(s) of Incident

List any known or suspected causes

**Witnesses (if any)**

Names and contact information

**Immediate Actions Taken**

Describe any actions taken after the incident

**Additional Comments/Notes**

**Reported By (Signature)**

**Date Reported**