ROCKLIN UNIFIED SCHOOL DISTRICT INCIDENT FOLLOW-UP REPORT (to be completed by Maintenance & Operations) DAMAGE TO VEHICLE, EQUIPMENT, FACILITIES **INCLUDING THEFT & VANDALISM**

DATE OF THE INCIDENT:		TIME OF THE INCIDENT:
LOCATION OF THE INCIDENT (SITE/DEPARTMENT):		
DESCRIPTION OF REPAIRS NEEDED:		
Cost of Emergency Repairs (please attach documentation):		
Description of Permanent Repairs:		
Cost of Permanent Repairs (please attach invoices):		
Security Camera Footage: Yes	No	If yes, please provide
Value of Items Stolen (please attach d	ocumenta	tion).
	ocumenta	
Cost of Increased Security:		
Cost of Medical Treatment Needed (please attach documentation):		
Lost Wages Due to Injury (please attac	ch docume	entation):
Work Order #s:		
Name:	1	Date:
Signature:		
For District Office Use:	Please sen	d completed form to:

Date Received: _____

Ann Inglis – ainglis@rocklinusd.org, cc: kcocuzzi@rocklinusd.org

Date Sent to SIG: _____