



Device Incident Report

This form should be completed when reporting an incident relating to Q3 NSSCF devices.

School name: _____ **School code:** _____

Name: _____

Student number: _____ **Grade:** _____

Nature of incident: ☐ Malfunction ☐ Damage ☐ Theft ☐ Loss

Date of incident: / / **Time:** : **Location:** _____

NDL/SNID: _____

Description of incident:

Include details of where the device was at the time and full details of what occurred.

- If the device is not working, describe what the problem is and if you know what may have caused the problem.
- If accident damage, describe the incident and the damage.
- If accidental loss or theft describe the incident (Complete Supplementary Information section).

Student's name

Signature of student

Date

**Parent / guardian/ school
representative name**

**Signature of parent /
guardian/ school
representative**

Date





Device Incident Report – Supplementary Information

To be completed when reporting a loss or theft incident relating to Q3 NSSCF devices.

Full address/location of theft:

Include details of where the device was stolen – e.g. home, public location or car

Last known location:

Last time used:

Was the power cord stolen:

☐ Yes ☐ No

Police station where report was filed:

Police officer's full name:

Contact number for police officer
/police station:

Police file number:

Office Use Only

Student MISID _____ Device ID **_NDL_** _____

ACER Job Logged: ☐ Job Number _____ SC Incident Logged: ☐
INC _____

ACER Damage Assessment (circle): _____ Warranty / Accidental / Careless-Intentional

School technician: _____ Repaired: Keyboard / OS Restore / Other

Invoice to be issued to Parent: ☐ Invoice Amount: _____