



**Communication Assistance for Youth and Adults**

#700 – 655 West Kent Ave. N., Vancouver, B.C., Canada V6P 6T7  
 Phone: 604 326-3500 Fax: 604 266-2463 [www.cayabc.org](http://www.cayabc.org)

**For reporting of lost, damaged, or stolen equipment**

**Incident Report**

**PLEASE NOTE**  
 Retain a copy for your records and return this signed original form to the CAYA Provincial Office

**1. Client Information**

Date of form completion (mm/dd/yyyy) / /	CAYA Client: surname, given name(s)	CAYA Partner CAYA Staff/Affiliate CAYA Client Other _____
Person completing this form?	Telephone #: Email:	
Address:		

**2. Equipment Information**

Provide CAYA ID number and the name of item(s). Attach a separate list if more space is required.

CAYA ID Number	Item Name	Lost/Stolen	Damaged
_____	_____		
_____	_____		
_____	_____		
_____	_____		

**3. Incident Report**

Describe the nature of the incident in the spaces provided. Attach additional information if more space is required.

\_\_\_\_\_

**Location** of the incident e.g. kitchen at home, shopping mall, etc.

\_\_\_\_\_

**Person reporting incident** \_\_\_\_\_ **Relationship to client** e.g. guardian \_\_\_\_\_ **Date of incident** \_\_\_\_\_

Please provide details of the incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STOLEN EQUIPMENT?** YES NO **If YES, Police File #:** \_\_\_\_\_

CAYA Team Plan:

\_\_\_\_\_

**E-signature:** I, \_\_\_\_\_ (Name) confirm that the information on this form is accurate and correct.

**CAYA USE ONLY**

CAYA Compensation Requirement:

Replacement Provided? Yes No

CAYA Manager \_\_\_\_\_