

Date / Time (of reporting) _____ / _____

sgu-security@ethz.ch or to the Safety,
Security, Health and Environmental Protection Unit,
Rämistrasse 101, HG D 52.2, 8092 Zürich, Switzerland**Reported by**

Department / Institute / Central organ _____

First / Last name _____ Date of birth _____

Address _____

Telephone number _____ Mobile _____ E-Mail _____

Place and Date of Occurance

Building _____ Room _____

Street / Postcode / Place _____

Comment on place of occurrence _____

Date (of occurrence) _____ to _____ time from _____ to _____

Offence*Damage to property / spraying /
theft / burglary / other***Addresses of persons involved** (and their roles → see below 'person/group of people involved')

Department / Institute / Central organ _____

First / Last name _____ Date of birth _____

Telephone number _____ Mobile _____ E-Mail _____

Address _____

Person involved* _____ Group of people** _____

Department / Institute / Central organ _____

First / Last name _____ Date of birth _____

Telephone number _____ Mobile _____ E-Mail _____

Address _____

Person involved* _____ Group of people** _____

Department / Institute / Central organ _____

First / Last name _____ Date of birth _____

Telephone number _____ Mobile _____ E-Mail _____

Address _____

Person involved* _____ Group of people** _____

Person involved:* → Person providing information – injured person
casualty person*Group of people**:* → Passer-by – ETH Administration –
ETH student – ETH Education & Research

List of damaged and/or stolen items

- List of items attached
 → Please provide an attached list with the required information or enter the items in the table below.

	Item description, inventory number and serial number if applicable	Year of manufacture	Purchase cost Currency:	Replacement or repair costs Currency:	Comments, information on whether repair or replacement, details on the damaged item	ETH-Zurich property
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>
7						<input type="checkbox"/>
8						<input type="checkbox"/>
9						<input type="checkbox"/>
10						<input type="checkbox"/>

Notes

SGU requires the list of damaged and/or stolen items with the corresponding proofs of purchase, such as receipts and invoices (no delivery notes) for processing the event. In case of offences because of which ETH property was damaged and/or stolen, these documents are mandatory for forwarding to internal offices and the authorities.

In case of stolen laptops, please be sure to provide the corresponding MAC addresses. You can request this address from your IT coordinator.

Loss Adjustment

Any claim settlement will be made by the Financial Services Department. Please enter your cost centre (5-digit number) and your cost centre-owner below.

Cost centre _____ Cost centre owner _____
 Processed by _____
 Telephone number _____

Comments

Event reporting

	Date, Time	<ul style="list-style-type: none"> • Initial Situation – Cause • Occurrence – Consequences • (Immediate) Measures – Processing of the Case 	Affected person / processed by whom?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
		<input type="checkbox"/> further pages	

List of all attachments and/or stored data	
<input type="checkbox"/> Invoices, receipts <input type="checkbox"/> Pictures <input type="checkbox"/> _____	<input type="checkbox"/> different receipts <input type="checkbox"/> _____ <input type="checkbox"/> no attachments

Place / Date

Signature:
