

**CHAMBERLAIN ADJUSTMENT TRAINING CENTER, INC.
MAINTENANCE/DAMAGE REPORT**

Part I:

Report of problem(s) _____

When occurred _____ Date reported _____ Where _____

Reported by (Staff Signature/Title) _____

Part II:

Name of Service Person called _____ Date _____

*Service date _____

*Report of Findings _____

*Service Performed _____

Signature of Staff Supervisor _____ Date _____

Signature of Executive Director _____ Date _____

***Instructions: This form is to be used to report damage and/or maintenance of any agency property.**

1. Damage: Send to your Supervisor after completion of Part I.
 2. Maintenance: Residential Managers take care of routine house/vehicle maintenance or repairs and send report into Residential Services Coordinator after work is completed.
- Vocational staff complete part I and forward to Vocational Services Coordinator or Work Area