



Rustenburg Local Municipality Incident Report Form (Form G)

To be completed by officials reporting lost, stolen, damaged, or compromised cellphones or data tools under the Cellphone and Data Policy

1. Reporting Official Details

Name and Surname: _____

Job Title: _____

Post Level: _____

Department/Directorate: _____

Employee Number: _____

Contact Number: _____

Date of Report: _____

2. Incident Details

Type of Incident:

Lost / Stolen / Damaged / Security Breach (e.g., hacking)

Other (Specify): _____

Date and Time of Incident: _____

Location of Incident: _____

Description of Incident: _____

Actions Taken (e.g., reported to SAPS, notified ICT Department):

SAPS Case Number (if applicable): _____

Alternative Contact Number Provided (if device is lost/stolen): _____

3. Device Details

Type of Device / Service Affected:
Cellphone / Data Services

Cellphone Make and Model: _____

Serial Number/IMEI: _____

SIM Card Number: _____

Condition of Device (if recovered or damaged):

4. Supervisor / Line Manager Confirmation

Name and Surname: _____

Job Title: _____

Comments: _____

Signature: _____

Date: _____

5. ICT Department Assessment

Name and Surname of ICT Officer: _____

Assessment of Incident:

Recommended Actions (e.g., deactivate SIM, recover costs, replace device):

Costs to be Recovered (if applicable):

Signature:

Date:

6. Directorate Corporate Support Services Review

Name and Surname of DCSS Representative:

Comments:

Signature:

Date:

7. Declaration by Reporting Official

I,

 hereby declare that the information provided in this Incident Report Form is true and accurate to the best of my knowledge. I acknowledge that I have complied with the Rustenburg Local Municipality Cellphone and Data Policy, particularly Section 12, by reporting this incident within 24 hours. I understand that I may be responsible for costs due to negligence or private use, including excess amounts for insurance claims, as determined by the ICT Department.

Signature:

Date:
