

Lost Goods Incident Notification

1. Reporter Details

Name: _____

Position / Department: _____

Contact Number / Email: _____

2. Incident Details

Date of Incident: _____

Time of Incident: _____

Location: _____

Description of Incident:

3. Lost Goods Details

Item Name / Type: _____

Quantity: _____

Description / Identification: _____

Estimated Value: _____

4. Actions Taken

Immediate Actions Taken / Reported to:

5. Witnesses (if any)

Name(s) & Contact(s):

Reporter Signature: _____ Date: _____

Important Notes:

- This form should be filled as soon as possible after the discovery of the loss.
- Provide as much detail as possible to assist in the investigation process.
- Attach supporting documents if available (e.g., photos, witness statements).
- Submit this notification to the relevant supervisor or loss prevention officer.
- Falsifying information may result in disciplinary action.