

# 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.