

Lost Goods Incident Statement

1. Reporter Details

Full Name: _____

Contact Number: _____

Email Address: _____

Department / Position: _____

2. Lost Goods Information

Description of Item(s): _____

Quantity: _____

Identifying Features (Serial No., Brand, etc.): _____

Estimated Value: _____

3. Incident Details

Date of Incident: _____

Time of Incident: _____

Location of Loss: _____

Description of Incident:

4. Action Taken / Additional Remarks

Reporter Signature:

Date:

Manager / Supervisor (if applicable):

Date:

Important Notes

- Ensure all details provided are accurate and as complete as possible.
- Attach supporting documents if available (e.g., photos, serial numbers, receipts).
- This statement is used for loss tracking and potential investigation.
- Immediate reporting helps in timely resolution and recovery attempts.
- False or misleading statements may result in disciplinary action.