**Report Of Lost Or Damaged Property Form:**

Institution:

Prisoner’s Full Name: Offender #:

Officer Reported To: Date: Time:

Verification that Department **is** / **is not** (circle one) responsible for item(s) by officer:

|  |  |
| --- | --- |
| **Item Lost Or Damaged:** (Include size, description & value.) | **Explanation:** (How / where lost or damaged.) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Estimated Value: $** |  |

Property search / investigation completed by assigned officer (describe investigation):

Property Found Date: By: Title:

**Replacement** or **Reimbursement** (circle one) recommended by: Title:

Superintendent Action:  Approved  Denied

Superintendent Signature: Date:

**Replacement** Date: **Or** **Reimbursement** Date:

Signature: Printed Name:

I hereby acknowledge I have received the Lost or Damaged item(s) listed on this form, or replacement item(s) of like value, or reimbursement for value and have **NO FURTHER CLAIM TO THE ITEM(S) LISTED AS LOST OR DAMAGED ABOVE.**

Prisoner was notified of the investigation results.

Claimant / Prisoner’s Signature: Date:

Staff Signature (Witness): Date:

**Distribution:** Prisoner Institutional File (Original), Property File (Copy), Prisoner (Copy), Superintendent (Copy),

Risk Management (Copy, if claim is over $1000).