

REPORT OF LOST OR DAMAGED PROPERTY

Institution: _____

Prisoner's Name: _____ OTIS#: _____

Reported to Officer: _____ Date: _____ Time: _____

Verification that department **IS/NOT** (circle one) responsible for item(s) by officer: _____

ITEMS LOST OR DAMAGED: (Must include size and complete description)	Estimated Value
Total Estimated Value	\$

Property Search/Investigation completed by assigned officer (describe investigation): _____

Property Found Date: _____ By: _____ Title: _____

Replacement or reimbursement recommended (circle one) by _____ Title: _____

Superintendent's Action:
 Approved Denied

Replacement Date: _____ By: _____

Reimbursement Date: _____ By: _____

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:**

 Claimant/Prisoner's Signature

 Staff Signature (Witness) Date

Distribution: Superintendent; Property File; Prisoner Institutional File (original); Prisoner; Risk Management (for claims over \$1000.00)

