Lost, Stolen, Damaged, or Destroyed Property Questionnaire

Complete an individual report for each item and return to the sender with signatures. Please provide thorough responses in each section as the Board of Survey will use your answers in their evaluation.

Reporting Location	
Date of Report	
Person Submitting Report	
Contact Address/Phone #	
Property or Equipment Inform	ation
Equipment Description	
IHS Barcode Number	
Serial Number	
Purchase Date	
Purchase Cost	
Person Responsible for Equipment	
Describe any sensitive or restricted data on equipment? (student, staff, testing, or personal data)	
Describe any password protection on equipment or data?	

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Incident Information	
Status of Property (Lost, Stolen, Damaged, or Destroyed)	
Date Lost, Stolen, Damaged, or Destroyed	
Location of Incident	
Description of Incident (When and where was item last seen, when was item reported stolen to property, IT/Security, supervisor, etc.)	
Comments (if any, i.e., was loss claimed on insurance claims, etc.)	
Police Report Information	(if reported)
Reported to? (Police, Sheriff)	
Date Reported	
Officer Name	
Contact Phone Number	
Police Report Number	
Other Info	

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Review Information	
Recommended/Planned Action to Prevent Recurrence of Incident	
How will equipment be replaced?	
Person Responsible for Equipment Signature	
Board of Survey Chairman or Survey Officer	