



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PHYSICAL SECURITY

LOST/STOLEN/DAMAGED BADGE INCIDENT REPORT

BADGE ISSUED TO

Print Full Name Phone Number

Operating Division/Staff Division

Work Address

City State Zip Code

Employment Status (Check One)
Full Time Employee Contractor Other:

REASON FOR REPLACEMENT

Is your card lost, stolen, or damaged? (Check One)
Lost Stolen Damaged

If Lost/Stolen, complete the automated "Incident Reporting Form" URL: https://disirf.ihs.gov/.
Provide the ticket #

Badge discovered missing:
Time Date Location

Please describe in detail the circumstances that led to the loss of the badge.

Was a police report filed? Yes No
Police report number and reporting agency:

Is this the first time you have had to replace your card? (Check One) Yes No

What was the reason for replacing your last card? (Check One)
Lost Stolen Damaged NA

I understand that the credential is property of the U.S. Government, and that it is my responsibility to do everything possible to recover it as soon as possible. In the event the credential is recovered, I will return it to the Physical Security Office immediately.

Signature of Applicant Date

TO BE COMPLETED BY BADGE OFFICE

Previous Badge Type New Badge Type
Previous Badge Number New Badge Number

AUTHORIZATION FOR REPLACEMENT

Print Full Name Agency Division
Signature of Issuer Date

PRIVACY ACT STATEMENT

The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(h)(I), and 1876 of Title XVIII). The Social Security Number will be used to verify the identity of the traveler. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the ability to process your claim for reimbursement. The requested information concerns your financial institution, your account at that institution, and personal information which needs to be provided to Department of Health and Human Services to process your claim for reimbursement. This confidential information will be used by the U.S. Department of the Treasury to transmit payment data by electronic means through the Automated Clearing House to your financial institution.