

Sinclair Secondary School Theft Report

NAME: _____ HRM: _____

DATE OF THEFT: _____ LOCKER # _____

WHAT PERIOD OF THE DAY (PLS CIRCLE): 1 2 LUNCH 3 4

APPROXIMATE TIME OF THEFT : _____

WHERE DID THE THEFT OCCUR? : _____

DESCRIPTION OF GOODS STOLEN: (Include any identifying markings if possible)

SUSPECTS, CLUES, OR ADDITIONAL INFORMATION:

SIGNATURE OF PERSON REPORTING THEFT:

REFERRED TO VP: MR. DAVIDSON; MR. COOK

COMMENTS, ACTION TAKEN: _____
