



ILOILO DOCTORS' COLLEGE
 OFFICE OF STUDENT ALUMNI AFFAIRS & SPORTS DEVELOPMENT
 West Avenue, Molo, Iloilo City
 Tel. No.: 335-8262

INCIDENT REPORT OF LOST/DAMAGED ITEM/S

Date: _____ IRoLDI No.: _____

A. DATA OF COMPLAINANT

Name: _____
 Course: _____
 Year Level: _____
 ID Number: _____
 Contact Number: _____

B. DATA OF COMPLAINT/S

Item/s lost or damaged _____
 Description of the Lost _____
 or Damaged Item/s _____

Date of Incident: _____ Time of Incident: _____

Place of Incident: _____

Person Notified: _____

Remarks of the person notified:

 Printed Name and Signature of the Person Notified

E. DETAILED NARRATION OF THE INCIDENT (Please use additional page if necessary and WRITE LEGIBLY)

 Complainant/Filer's Printed Name & Signature

 Course/Designation

IRoLDI received by:

 Printed Name & Signature

 Department

 Date Received