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 ___________________________