



STATE PROPERTY INCIDENT REPORT

For use by state department head to report to the Director of the State Bureau of Investigation information or evidence of an attempted arson, arson, damage to, theft from, or theft of, or embezzlement from, or misuse of any State owned personal property, buildings or other real property.

DEPARTMENT:	
DIVISION, INSTITUTION OR AGENCY:	
ADDRESS:	TELEPHONE:
EMPLOYEE REPORTING INCIDENT:	
TYPE INCIDENT: ARSON <input type="checkbox"/> DAMAGE <input type="checkbox"/> EMBEZZLEMENT <input type="checkbox"/> THEFT <input type="checkbox"/> MISUSE <input type="checkbox"/>	
PROPERTY INVOLVED:	
DATE OF INCIDENT:	TIME OF INCIDENT:
COUNTY AND CITY:	
IF REPORTED TO LOCAL LAW ENFORCEMENT DEPARTMENT, PROVIDE AGENCY NAME AND ATTACH POLICE INCIDENT REPORT	
IF NOT REPORTED, WHY NOT: MONEY/PROPERTY RECOVERED <input type="checkbox"/> ADMINISTRATIVE ACTION TAKEN <input type="checkbox"/> NOT A CRIME <input type="checkbox"/> OTHER <input type="checkbox"/> _____	
BRIEF DESCRIPTION OF INCIDENT:	
LIST STOLEN OR DAMAGED ITEMS AND VALUE ON REVERSE SIDE	
SUSPECT(S): EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> CONTRACT WORKER <input type="checkbox"/> NON-EMPLOYEE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
DEPARTMENT HEAD/DESIGNEE: (Signature & Title)	DATE:
ADDRESS:	

