DETROIT hy "O# o#=\\ Oo:#\ U U y V@') @uk #u Theft and Damage Report

If you or any of your staff members notice that there has been a break in, please contact DPD/DPS Public Safety immediately. Please Note: All thefts must be reported within 48 hours. Fax completed form to the) ho#) h) (313) 873-1164 then proceed with form distribution as shown in the box.

(Form Distribution)

Original & Fax: Office of Public Safety

Copy : File of Reporting Person or Unit

Copy: Office of Inspector General

Copy: Office of Risk Management

at

•	Complete this form in its entirety and include an inventory list of all stolen/damaged
	items. Please include the make, model and serial numbers of all equipment.

If the items are Gran	nt Funded please indica	ate the funding source on t	his form.		
SCHOOL:			ADDRESS:		
TELEPHONE NO: DATE OCCURRED / DISCOVERED:				:	
		TIME:	AM/PM:	POLICE NOTIFIED:	
RECINCT NO. :	DATE:	TIME:	AM/PM:	POLICE REPORT NO. :	
FFENSE INFORMATION	<u>ON:</u>				
Was building entered?		If yes, HOW? (Window	ı, door, etc give room no.).	:	
Was alarm system in c	operation?				
Was person(s) in build	ing with permission?	If ye	es, explain:		
List names of suspects	or persons arrested (ii	nclude ages, if known):			
School person last sect	uring building (name, o	age, home address, and te	lephone number):		
Damaged property*(d	lossriha, aiya alass siza	s whore passessary).			
bumagea property (a	escribe, give gluss size.	where necessary.			
Stolen property*(list a	nd describe, include m	ake, model, serial no. and	color):		
Remarks:					
•					
			Report completed by:		
*If additional space is rec	quired, type or print on pl	ain white paper.			
DETROIT PUBLIC SCHOOLS			Signed:	Name and Title	
COMMUNITY DISTRICT Students Rise. We All Rise.			Principal, R	Recreation Director, or Other – enter title	
Form 446 (/3) kL	J/Ko		Date:		