I. DEFINITIONS

None

II. POLICY and PROCEDURES

Upon notification of a claim of missing or stolen inmate property, it shall be the responsibility of the staff member receiving the information to begin filling out a theft report. The staff member shall sign and date the theft report.

1. It shall be the responsibility of the inmate to supply the staff member with a list of missing articles. This list shall include a complete description of the articles and serial numbers, if possible. The list of missing articles shall be checked against the itemized inventory of the inmate’s personal property maintained in the property room.

2. An investigation shall be conducted as soon as possible to locate the articles.

3. After the investigation is concluded, the investigating officer shall complete the theft report, which shall include a list of any articles found. The investigating officer shall sign and date the theft report.

4. The inmate shall be required to sign and date the completed theft report.

5. The original copy of the theft report shall be kept on file in the security office and a copy shall be given to the inmate.
KENTUCKY DEPARTMENT OF CORRECTIONS
THEFT REPORT

NAME_______________________________ NUMBER______ DATE _____________

LIVING UNIT __________________________________________________________

TIME AND PLACE OF THEFT ____________________________________________

DESCRIBE ITEMS ______________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

INVESTIGATION _______________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

STAFF MEMBER RECEIVING REPORT   DATE

INVESTIGATING OFFICER     DATE

I have received this form and I certify that this form contains a true and accurate list of all my missing property.

INMATE SIGNATURE     DATE