Lost/stolen or damaged keys/locks will be reported to the key control manager and Community Corrections Supervisor (CCS) as soon as discovered.

Each incident requires a separate, completed report. Reports must be submitted by the end of shift.

Date discovered: ________________  Key ring number/letter: ____________________________

Area occurred: ________________  Department, if applicable: ____________________________

Circumstances/comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Reporting person  Signature  Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: ORIGINAL - Key Control Manager  COPY - CCS