

Retail Employee Shoplifting Incident Compensation Report

Employee Information

Employee Name

Employee ID

Position

Store Location

Supervisor

Incident Details

Incident Date

Incident Time

Description of Incident	<input type="text"/>	Actions Taken by Employee	<input type="text"/>
Police Report Filed?	<input type="text"/>	Witnesses (if any)	<input type="text"/>

Compensation Claim

Was the Employee Injured?	<input type="text"/>	Compensation Requested/Received
<input type="text"/>	Additional Comments	<input type="text"/>
Report Date	<input type="text"/>	
Reporter Signature	<input type="text"/>	