Retail Stock Shrinkage Investigation Form

Date of Investigation	
Store Location	
	_
	_
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Investigator Name	_
Department	
	_
Type of Shrinkage	
·	-
	_
Date/Time of Loss Discovery	
Product(s) Involved	
	_
Estimated Value of Loss	
	_
Circumstances/Description of Incident	
	_
Investigation Actions Taken	_
	_
Findings/Observations	
-	_
Corrective/Preventive Measures	_

Additional Notes		
Investigator Signature		
Date		