

Grocery Store Employee Theft Investigation Form

Incident Details

Date of Incident

Time of Incident

Location (Aisle/Department)

Reported By

Employee Information

Name

Employee ID

Position

Shift

Theft Description

Item(s) Allegedly Stolen

Estimated Value

Method of Theft

Incident Summary

Witness Information

Witness Name(s)

Witness Statement(s)

Evidence

Evidence Description

Evidence Collected

Investigation Outcome

Findings

Actions Taken

Investigator

Investigator Name

Date of Investigation