

Pharmacy Retail Loss Prevention Incident Report

General Information

Date of Incident

Time of Incident

Store Location

Reported By

Incident Details

Type of Incident

Description of Incident

Loss Amount (if applicable)

People Involved

Suspects (if any)

Employees Involved

Witness(es)

Additional Information

Actions Taken

Police Notified

Follow-up Required

Manager/Supervisor Review

Reviewer Name

Review Comments