

Employee Statement Form – Theft Investigation

Instructions: Please complete this form with accurate and detailed information regarding the incident in question. Attach additional pages if required.

Employee Information

Full Name:

Employee ID/Number:

Department:

Job Title/Position:

Incident Details

Date of Incident:

Time of Incident:

Exact Location:

Describe What Happened (facts only):

Names and Roles of Person(s) Involved (if known):

Witness(es) Present:

Supporting Evidence (documents, footage, etc.):

Additional Comments

Additional Information/Comments:

Employee Signature:

Date:

Note: *This statement form is intended for investigative purposes only. Falsifying, omitting, or misrepresenting information may result in disciplinary action.*