**DOC Badge Loss / Theft / Damage Form:**

**Full Name**: **Employee ID Number**:

**Job Title / Rank**: **Duty / Work Location**:

**Report Reason**: (Check one.)

[ ]  Badge Lost [ ]  Badge Stolen [ ]  Badge Damaged

**Badge #, If Known:**  **Date Of Loss / Theft / Damage**:

**Badge Type Lost / Stolen / Damaged, If Known**: (Check one.)

[ ]  Officer [ ]  Sergeant [ ]  Lieutenant [ ]  Asst. Superintendent

[ ]  Superintendent [ ]  Special Asst. [ ]  Probation Off. [ ]  Probation Supv.

[ ]  Pretrial Officer [ ]  Investigator [ ]  Director [ ]  Deputy Director

[ ]  Retiree [ ]  Other:

**Police Report Filed If Lost / Stolen**: [ ]  Yes [ ]  No (Explain why not below.)

**Police Report #**: **Report Filing Date**:

**Loss / Theft / Damage Details**:

**Place Of Loss / Theft / Damage**:

**Circumstances Of Loss / Theft / Damage**:

**Lost / Stolen / Damaged Badge Statement**:

By my signature below I confirm that the information given above is accurate and correct to the best of my knowledge. I understand that the circumstances under which my badge was lost / stolen / damaged may be investigated by the Department and that I may ultimately be asked to pay for the cost of a replacement badge. If at any time in the future the badge is found / recovered I will report it to my supervisor and return the badge (in a secure manner) to the DOC Training Academy.

Reporter Signature: Printed Name: Date:

Verified Badge #: If Damaged, Will Badge Be Destroyed: [ ]  Yes [ ]  No

Custodian / Issuing Officer Printed Name:

Custodian / Issuing Officer Signature:

Custodian / Issuing Officer Title:

**Distribution:**

Original: Supervisor. Copy: Badge Custodian / Issuing Officer. Copy: Field Personnel File.

Copy: DOC Training Academy (doc.trainingfiles@alaska.gov). Copy: Institution or Duty Station.