Great Falls College Montana State University Lost /Missing Key Report

Official Report for Lost or Missing Key(s)

Please complete all sections below. Submit this form to the Facilities Directors Office as soon as possible after discovering the key is lost. For any questions, contact the Facilities Director. Incomplete or inaccurate forms may delay investigation and resolution.

# Employee Information

* Name: Click or tap here to enter text.
* Affiliation: Faculty  Staff  Other: Click or tap here to enter text.
* Department/Program: Click or tap here to enter text.
* Email: Click or tap here to enter text.
* Phone Number: Click or tap here to enter text.
* Supervisor Name:Click or tap here to enter text.

# Key Details

* Key Number(s) and Description: (If known)

Click or tap here to enter text.

* Type of Key: Building  Room/Office  Cabinet  Vehicle  Prox Card

# Incident Information

* Date & Time Key Discovered Lost: Click or tap here to enter text.
* Last Known Location: Click or tap here to enter text.
* Date & Time Key Last Used: Click or tap here to enter text.
* When was the loss noticed? Click or tap here to enter text.

Click or tap here to enter text.

* Please provide a detailed statement explaining the causes of the loss, including all relevant information that may assist in the investigation.

Click or tap here to enter text.

* Efforts Made to Locate Key: (List specific actions taken to find the key before filing this report.)

Click or tap here to enter text.

* Was the Facilities Department notified?  Yes  No Date: Click or tap here to enter text.
* Was local law enforcement notified? Yes  No Date: Click or tap here to enter text.
* Has the key been found?  Yes  No Date Found:Click or tap here to enter text.

# Impact Assessment

* Areas/Assets Affected: (List rooms, offices, buildings, vehicles, cabinets, etc. potentially impacted.)

Click or tap here to enter text.

* Estimated Risk: (e.g., security, safety, academic, etc.)

Click or tap here to enter text.

* Have locks been rekeyed or have access changed?  Yes  No Date: Click or tap here to enter text.

# Certification and Signature

* I certify that the information provided above is accurate and complete to the best of my knowledge.
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

# For Office Use Only

* Date Form Received: Click or tap here to enter text.
* Received By: Click or tap here to enter text.
* Investigation Initiated By: Click or tap here to enter text.
* Investigation Notes:

Click or tap here to enter text.

* Final Disposition:

Click or tap here to enter text.

* Date Closed: Click or tap here to enter text.

Please retain a copy of this form for your records. Final disposition and any related actions will be communicated to the reporting individual and their supervisor/advisor as appropriate.