**LOST PROPERTY NOTIFICATION**

**Details of property lost:**

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| Section A | Description of item lost: |
|  | Name: | In-patient/Out-Patient/Visitor/Staff |
| Contact details: |
| Date when the item was lost: |
| Location/s of where the item was thought to be lost: |

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| Item found- Please complete Section C of the relevant ‘Found Property Notification form’. |

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| Date the owner was called: By whom: Details of when the owner plans to reclaim their item: |

A copy of this form should be held within the Lost Property File in PALS