

CONNECTICUT MILITARY DEPARTMENT
REPORT OF UNACCOUNTED PROPERTY



PURPOSE: To provide details surrounding any circumstance in which state owned property is unaccountable.

AUTHORITY: Connecticut General Statutes Section 4-33a, 4-36 and the State of Connecticut Property Control Manual – Chapter 5 & Chapter 7.

INSTRUCTIONS: Property that has been deemed unaccounted must be reported by the hand receipt holder's to their immediate supervisor within 24 hours of when the item(s) were first noticed to be missing. The immediate supervisor must make every effort to investigate the circumstances surrounding the missing item(s) and report their findings to the Fiscal Administrative Manager within 48 hours of receiving the initial report.

- **REPORT OF HAND RECEIPT HOLDER:** Provide as much detail known about the item as possible.
 - What is the brand and model?
 - How many are missing?
 - What site was the item secured and where at that site? (ie: Name of Armory, building, room number)
 - When did you notice the item missing and who did you last see it with?
 - What actions did you take to locate the item?
 - Describe the security measures in place. (ie: locks, gates, cameras, etc.)
 - Including the hand receipt holder, who else has access to the item that is unaccounted?
 - If there were witnesses, provide their name and contact information for further investigation.
- **SUPERVISOR SUMMARY OF EVENTS:** Provide as much detail as possible surrounding the circumstances of the incident. Witnesses should provide additional information on a separate statement.

SEND THIS FORM & SUPPORTING DOCUMENTATION TO:

Connecticut Military Department
State Property Officer
360 Broad Street Room #223
Hartford, Connecticut, 06105-3706
(860) 548-3247 (fax)

**CONNECTICUT MILITARY DEPARTMENT
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REPORT OF HAND RECEIPT HOLDER			
Item:		Brand:	Model:
Quantity:	Site:	Location stored on site:	
Date & Time item noticed to be missing:		Person last seen with item:	
Summary of actions taken to locate item:			
What security measures were in place to secure the item?			
Who had access to the area?			
Were there any witnesses? If yes, list their names & contact information.			
Printed Name:		Signature:	Date:
SUPERVISOR SUMMARY OF EVENTS			
Summary of Events			
Printed Name:		Signature:	Date:
TO BE COMPLETED BY FISCAL ADMINISTRATIVE MANAGER: (or designee)			
CORE-CT Information			
Item Name	Serial Number	Tag Number	Value
Printed Name:		Signature:	Date: