



Swift Current Municipal RCMP Shoplifting Statement



Witness Information

Full Name:

Phone Number:

Email Address:

Job Title:

Department:

Company Information

Company Name:

Company Address:

Manager Name:

Manager Contact:

Suspect Description

Name (if known):

Physical Description (height, weight, hair colour, eye colour):

Clothing or identifying marks:

Incident Details

Date of theft:

Time of theft:

Location of theft within the workplace:

Description of stolen items (e.g., type, brand, serial numbers, value):

How was the theft discovered (e.g., during inventory, security footage, witnessed):

Additional Evidence

Please have security camera footage, if available, photos of the area or items, and any receipts or documentation for the stolen items ready for RCMP with this report