

Lost, Stolen, or Damaged Multi-User Electric Breast Pump Report

Staff must send this report after two unsuccessful recovery attempts, or when participants transfer out with multi-user breast pumps.

1. REPORT FILED BY:

Staff Name _____ Phone () _____

Clinic Name and Address _____

E-mail Address _____

2. BREAST PUMP (SERIAL NUMBER _____) HAS BEEN:

Damaged or destroyed by clinic (Explain how or why) _____

Not returned by participant.

Missing from clinic (Explain when last seen) _____

3. FOR LOST OR STOLEN PUMPS ONLY: (Attach copies of documentation)

Release form signed is attached Recovery attempt record is attached

Police report case number _____ (If participant reports the pump was stolen)

Date of pump loan _____ Date pump was due to clinic _____

Pump was loaned to (Name): _____

Participant ID # _____ DOB: _____

Names of group members (include DOB) _____

Last known address: _____

Alternate contact information: _____

Description of recovery attempts (attach copies of documentation)

Return completed form by

Fax to: (360) 236-2320 or email: WICBreastPumps@doh.wa.gov

Mail to: DOH WIC Program, PO Box 47886, Olympia, WA 98504

Clinic Staff- Keep Copy of form for 4 years.

To request this document in another format, call 1-800-841-1410. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email WIC@doh.wa.gov

