

# Loss Prevention Action Plan Report for Shrinkage

## General Information

Store/Location

Enter store or location

Report Date

Prepared By

Enter name

## Shrinkage Summary

Shrinkage Period	Previous Shrink (%)	Current Shrink (%)	Shrink Value (\$)
e.g., Q1 2024	e.g., 1.2%	e.g., 1.4%	e.g., 3200

## Identified Root Causes

List and describe the main causes for the shrinkage.

## Action Plan

Action/Initiative	Responsible Person	Target Date	Status
e.g., Conduct staff training	e.g., John Doe		e.g., In Progress

## Follow-up & Evaluation

Describe how the effectiveness of actions will be measured and verified.

## Notes & Additional Comments

Enter any other relevant information or observations.

