Red Flags Identity Theft Incident Report

When an identity theft incident occurs, complete this form and email it to <u>audit@ucf.edu</u>. University employees are expected to notify University Audit once they become aware of an incident of identity theft or of the university's failure to comply with the Red Flags Identity Theft program per UCF Policy 2-105.1 - Identity Theft Prevention.

Contact Information of Individual Rep	orting the Ir	ıcident ((optional)				
Name:			Title:				
Email:			Telephone/Fax:				
Department/Division:			Date:				
Incident Details Please do <u>not</u> include sensitive information credit card numbers, or personal financial		m such a	as social security or	other identific	cation nu	umbers,	
Date of Incident: Date reported:		ed:	Time of Incident:				
Did this activity occur in person or by email, phone, or fax? Who else or what department has been notified of the incident?							
Is any of this activity on a security camera? Yes			No I	Don't Know			
Has this been reported to local law enforcement or UCF Police? Yes No If yes, please provide a copy of the police report and case number:							
Actions							
Has the person(s) whose identity is in question been notified? By whom?			Yes	No			
Did this action include an address change	e? Yes	No	Request for new	ID?	Yes	No	
Request for student information?	Yes	No	Account information?		Yes	No	
Use of a credit card?	Yes	No	Telephone number change?		Yes	No	
Other, please specify:							

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