

Red Flags Identity Theft Incident Report

When an identity theft incident occurs, complete this form and email it to report-fraud@ucf.edu. 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 Reporting the Incident (optional) | | |
|--|--|---|
| Name: | Title: | |
| Email: | Telephone/Fax: | |
| Department/Division: | Date: | |
| Incident Details | | |
| Please do <u>not</u> include sensitive information on this form such as social security or other identification numbers, credit card numbers, or personal financial records. | | |
| Date of Incident: | Date reported: | Time of Incident: |
| Describe the type of information/account compromised, the red flag, and how it was discovered: | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> | | |
| Has this been reported to local law enforcement or UCF Police? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 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? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| By whom? | | |
| Did this action include an address change? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Request for new ID? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Request for student information? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Account information? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use of a credit card? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Telephone number change? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other, please specify: | | |