

**Identity Theft Prevention Program
Red Flag Incident Report**

(To be sent to Program Administrator for Red Flag Compliance)

Date: ___ / ___ / ___

Department: _____

Contact Name: _____

Contact Phone: _____

Red Flag Type: _____

Account Information (please supply all information applicable):

Name:

Address:

Date:

Amount:

Account/Transaction/Invoice Number:

Documentation included:

Describe Red Flag Detection and Actions:

For Official Use Only by the Program Administrator:

Describe Mitigation Process or Actions:

Incident Report Number: _____ (format mmddyynn where nn = incident number)

Received By: _____

Instructions for Red Flag Incident Report :

General Information:

Date – The date the report is being filed

Department – Name of the department or area and associated number

Contact Name – Name of Supervisor/Manager completing the report

Contact Phone – Internal phone number of the contact supervisor/manager

Red Flag Type - Notifications and Warnings from Consumer Credit Bureaus

Suspicious Documents

Suspicious Personal Identifying Information

Suspicious Covered Account Activity

Alerts from Others

Specific Account Information:

Name – Name of the account owner or consumer

Address – Address of the account owner or consumer

Date – Date the Red Flag for this account/transaction was first detected

Amount – Any dollar amount associated with the transaction involved with the Red Flag

Account/Transaction/Invoice Number – Any identifying information associated with the transaction, account, or invoice

Documentation included – List copies of any documentation associated with the transaction or account with regards to the detection of the Red Flag including any electronic signatures, voice conversation notes, or correspondence

Describe Red Flag Detection and Actions – Describe how the Red Flag was detected and corresponding actions performed by the employee, supervisor, or manager involved in the investigation and escalation

Describe Mitigation process or Actions (For the Program Administrator) – Describe actions taken by the Program Administrator including but not limited to:

Correspondence to and from the original owner of an account

Any final determination of fraud

Any correspondence to any law enforcement agency, state regulatory agency, etc.

Any actions performed by the Program Administrator to alleviate and mitigate any identified actual fraud

Incident Report Number -

mmddyy – Month, Day, and Year the Report was received by the Program Administrator

nn – a sequentially assigned number for the individual identification of this incident

Received By – Signature of the Program Administrator or his/her designee