

University of Connecticut
Identity Theft Prevention Program (“Red Flags” Program)

Report of Suspected Identity Theft

Background Information:

Your Name: _____ Title: _____

Unit/Department/School: _____ Phone Number: _____

Date of Report: _____ Date Incident Discovered: _____

Incident Description: (Include all indicators that signal possible identity theft or other fraudulent activity and attach copies of all relevant information/documents.)

List all individuals impacted by incident:

Immediate Notifications:

Supervisor: _____ Date: _____

Department Head/Administrator: _____ Date: _____

Office of Privacy Protection & Management _____ Date: _____

Other (please specify): _____ Date: _____

Investigation Description: (Please include all actions taken to determine what occurred or is occurring.)

Resolution Description: (Please include all actions taken and by whom to resolve the matter in question. Also please include any steps to be taken to prevent similar incidents in the future.)

Issue Resolved: Date Resolved: _____

Issue Not Resolved/Further Action Needed (If yes, see “*Additional Actions Taken*” below):

Additional Actions Taken (to be completed by Department Head/Administrator):
Please include all actions taken to mitigate the effects of this situation/transaction:

1. _____ Date : _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____

Additional Notifications (check all that apply):

University Police: Date: _____

External Notification (please specify): _____ Date: _____

Other (please specify): _____ Date: _____

Please forward copy of this report to the Office of Privacy Protection & Management

Mailing Address for All University Campuses and UConn Health

***Office of Privacy Protection & Management
28 Professional Park Road, Unit 5084
Storrs, CT 06268-5084
Attention: Rachel Rudnick, Chief Privacy Officer***

Or e-mail to:

privacy@uconn.edu

Attention: Rachel Rudnick

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