

**University of Connecticut Health Center  
Report of Suspected Identity Theft**

**Part I-Initial Report**

**Background Information:**

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Unit/Department/School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Manager/Department Head (if different from supervisor): \_\_\_\_\_

Date/Time of Report: \_\_\_\_\_

**Incident Description:**

**Include all indicators that signal possible identity theft or other fraudulent activity and attach copies of all relevant information/documents.**

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**List all individuals impacted by incident:**

Name: \_\_\_\_\_ Patient  Student  Employee  Other

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Patient  Student  Employee  Other

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Patient  Student  Employee  Other

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Investigation Description:**

**Include all actions taken in response to issue:**

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**Resolution Description:**

**Include all actions and other departments involved in resolution:**

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**Resolution Description (cont.):**

Issue Resolved:  Date/Time: \_\_\_\_\_

Issue Not Resolved/Further Action Indicated (See Additional Actions below):

**Required Notifications:**

Immediate Supervisor:  Date/Time: \_\_\_\_\_

Department Head/Administrator:  N/A:  Date/Time: \_\_\_\_\_

Office of Audit, Compliance, and Ethics:  Date/Time: \_\_\_\_\_

Other (please specify): \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Department Head/Administrator Signature:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Part II (to be completed by Department Head/Administrator)**

**Additional Actions Taken (Include all actions taken to mitigate the effects of this situation/transaction):**

1. \_\_\_\_\_ Date/Time : \_\_\_\_\_

2. \_\_\_\_\_ Date/Time: \_\_\_\_\_

3. \_\_\_\_\_ Date/Time : \_\_\_\_\_

4. \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Additional Notifications (check all that apply):**

University Police:  Date/Time: \_\_\_\_\_

Chief Financial Officer:  Date/Time: \_\_\_\_\_

Report of Suspected Identity Theft

Assistant Attorney General:  Date/Time: \_\_\_\_\_

UHC Senior Administrator  (please specify): \_\_\_\_\_ Date/Time: \_\_\_\_\_

Other (please specify): \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Part III (to be completed by Compliance Department)**

**Additional Actions Taken:**