

ID Theft Prevention Program Red Flag Worksheet

Date: _____	Acct #: _____
Customer Name: _____	
Customer Name (2): _____	
Current Address: _____	
City: _____	State: _____ Zip: _____

The following **RED FLAGS** were detected:

- Alerts, Notifications or Warnings from a Consumer Reporting Agency
Explain: _____
- Suspicious Documents
Explain: _____
- Suspicious Personal Identifying Information
Explain: _____
- Unusual Use of / Suspicious Activity Related to, the Covered Account
Explain: _____
- Notice From Customers or Others Regarding Customer Accounts
Explain: _____
- Other Red Flags
Explain: _____

Level 1

<input type="checkbox"/> Monitoring the account for evidence of identity theft.	Date:	Initial:
<input type="checkbox"/> Contacted the customer.	Date:	Initial:
<input type="checkbox"/> Determined that no response is warranted.	Date:	Initial:
<input type="checkbox"/> (Required) Contacted ID Theft Program Coordinator.	Date:	Initial:

Form Completed by: _____

If Directed by ID Theft Program Coordinator – Proceed to Level 2 (pg 2).

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Level 2

<input type="checkbox"/>	Changed passwords, or other security codes/devices.	Date:	<i>Initial:</i>
<input type="checkbox"/>	Reopened account with a new account number.	Date:	<i>Initial:</i>
<input type="checkbox"/>	Did not open the account.	Date:	<i>Initial:</i>
<input type="checkbox"/>	Closed the existing account.	Date:	<i>Initial:</i>
<input type="checkbox"/>	Did not attempt to collect/sell account.	Date:	<i>Initial:</i>
<input type="checkbox"/>	Provided Identity Theft Brochure/Information.	Date:	<i>Initial:</i>
<input type="checkbox"/>	(Required) Contacted ID Theft Program Coordinator.	Date:	<i>Initial:</i>

For ID Theft Program Coordinator Use Only

Law Enforcement Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	<i>Initial:</i>
Contact Info: _____		
Case Number: _____		
Comments: _____		

