



## Identity Theft Complaint Form

Send the completed form to:

riskmanagement@oru.edu

If you choose, you may send it via inter office mail to

Risk Management,

Personnel Building

### Reporting Individual Contact Information:

(PLEASE PRINT)

Contact Name: \_\_\_\_\_

Faculty, Staff or Student (please circle one)

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Best time to reach you \_\_\_\_\_

**Statement of Complaint:** (Do not disclose SS#, DOB, or other identifying numbers on this form.  
Upon receipt of this complaint form, Risk Management may contact you for additional information.)

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### For Internal Use Only:

Risk Management follow up was made on Date: \_\_\_\_\_

\_\_\_\_ By Letter \_\_\_\_ In Person \_\_\_\_ By Telephone \_\_\_\_ Email Other: \_\_\_\_\_

With (Name) \_\_\_\_\_ Reporting Party/Dept/HR/Other \_\_\_\_\_

Title \_\_\_\_\_ Phone Number(s) - \_\_\_\_\_

Comment \_\_\_\_\_

\_\_\_\_\_