



Red Flag Incident Report Form

<i>Report Date:</i>	<i>Incident Date / Time:</i>	<i>Incident Location:</i>
<i>Name and Address of Individual whose data is involved (If more than one, use back of this form, or provide list):</i>		
<i>Nature of Incident:</i>		
<i>Harm or Negative Outcome:</i>		<i>Is the individual aware of the incident?</i> YES NO If No, please do not inform the individual unless so instructed by the Red Flag Coordinator.
Persons Involved in this Incident:		
Name	Title/Position	Can be reached at:
How was this person involved?		
Name	Title/Position	Can be reached at:
How was this person involved?		
Type of Information Involved:	Describe the Information Involved in as much detail as possible (Check all that apply):	
<input type="checkbox"/> Electronic Records <input type="checkbox"/> Paper Records <input type="checkbox"/> Other	<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone #(s) <input type="checkbox"/> Social Security # <input type="checkbox"/> Bank Information <input type="checkbox"/> Credit/Debit #(s) <input type="checkbox"/> Birth Date Other Information – Please Describe:	
Who was Notified of this Incident? (Names and Titles):		
Immediate Remedial Actions / Interventions, if any:		

Report Completed By (please print): _____ Title: _____

College / Dept / Area: _____ I can be contacted at: _____

Signature: _____

Send to the Red Flag Coordinator: Email: George.Bass@smsu.edu

Phone: 507-537-7470 Campus Mail: Business Services