Appendix A — Fraud Incident Report Form

INSTRUCTIONS

Complete this form immediately upon observing fraud indicators. Submit to the Director of Internal Audit within one (1) business day. Do NOT contact the suspected student account holder. Do NOT disclose the concern to unauthorized personnel. Retain a copy for your records.

Reporting Employee Name:	
Title / Department:	
Date of Report:	
Date Indicators First Observed:	
Student Account Name (if known):	
Student WMU ID (WIN):	
SSN (last 4 digits only):	

Detailed Description of Observed Indicators:
Records / Evidence Preserved (list all):

Reporting Employee Signature:

X _____ Date: _____