



FRAUD INCIDENT REPORT FORM

Name:

Email address:

Contact Phone Number:

Please describe the incident providing as much detail as possible including who was involved, where and when the incident happened, how it was discovered, and amount of suspected financial loss (if appropriate):

All submissions will be handled in a timely manner. The Internal Control Committee will be apprised of all allegations and resolutions. All information will be confidential to the extent permitted by law.

Please print and mail this form to:

SUNY Delhi
Internal Control Officer
454 Delhi Drive
127 Bush Hall
Delhi NY 13753