

SOUTHERN METHODIST UNIVERSITY
Fraud Reporting Program
Disclosure Form for Anonymous Reporting

This form is designed to provide information that can be helpful in an inquiry of the questionable activity.
Do not be concerned if you cannot complete the form in its entirety; however, provide as much information as you can.

Estimated date of activity:

Time:

Location where activity occurred:

Provide the names of any individuals who are involved in the questionable activity and how:

Estimated dollar amount of loss, if any:

Is the activity ongoing or could it potentially happen again (when)? Explain:

Explain or provide full description of the activity:

Describe any physical evidence or documentation available:

Describe or define your relationship with the University
(e.g., vendor, employee, etc.):

If physical evidence is in your possession only, can a copy be made available by mailing to:
Compliance & Audit Services
PO Box 750293
Dallas, TX 75275-0293

Describe how you became aware of the activity:

Does the "suspect(s)" know you are aware of the activity:

Explain why are you reporting activity:

Are there other witnesses of the activity or have you reported the activity to other(s)? Explain:

Thank you for taking the time to complete this form. Also, please do not confront or carry out activities that could alert the "suspect." Internal Audit will perform preliminary investigations within two weeks.

If you recall additional details later and want to report this, please refer to the date and time in the top right- hand corner of the page – this will be your unique identifier.

Please mail a copy of this form to: **Compliance and Audit Services**
PO Box 750293
Dallas, TX 75275-0293