

# SUSPICIOUS ACTIVITY REPORT

State of Louisiana  
OFFICE OF FINANCIAL INSTITUTIONS  
Post Office Box 94095  
Baton Rouge, LA 70804-9095  
srouprich@ofi.state.la.us

(ALWAYS COMPLETE ENTIRE REPORT)

## PART I. Reporting Financial Institution Information

1. Name of Financial Institution

2. Address of Financial Institution

3. City

4. State

5. Zip Code

## PART II. Suspect Information

6. Last Name or Name of Entity

7. First Name

8. Middle Initial

9. Address:

10. SSN, EIN or TIN (as applicable):

11. (City)

12. (State)

13. (Zip Code)

14. Relationship to Financial Institution: (Specify)

15. If insider, is suspect still affiliated with the financial institution? a. Yes b. No  
If no, specify (i.e., suspended, terminated, resigned, etc.):

## PART III. Suspicious Activity Information

16. Date of suspicious activity (MMDDYY): From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

17. Dollar amount involved in known or suspicious activity: \$

18. Type of suspicious activity:

- |                                  |                                   |                                       |                    |
|----------------------------------|-----------------------------------|---------------------------------------|--------------------|
| a. Bank Secrecy Act/ Structuring | g. Consumer Loan Fraud            | n. False Statement                    | t. Identity Theft  |
| Money Laundering                 | h. Counterfeit Check              | o. Misuse of Position or Self-Dealing | u. Other (specify) |
| b. Bribery/Gratuity              | i. Counterfeit Credit/Debit Card  | p. Mortgage Loan Fraud                |                    |
| c. Check Fraud                   | j. Counterfeit instrument (other) | q. Mysterious Disappearance           |                    |
| d. Check Kiting                  | k. Credit Card Fraud              | r. Wire Transfer Fraud                |                    |
| e. Commercial Loan Fraud         | l. Debit Card Fraud               | s. Terrorist Financing                |                    |
| f. Computer Intrusion            | m. Defalcation/Embezzlement       |                                       |                    |

19. Amount of loss prior to recovery (if applicable) \$

20. Dollar amount of recovery (if applicable) \$

21. Has the suspicious activity had a material impact on, or otherwise affected, the financial soundness of the institution?  
a. Yes b. No

22. Has the institution's bonding company been notified?  
a. Yes b. No

23. Has any law enforcement agency already been advised by telephone, written communication, or otherwise? a. Yes b. No  
If so, please indicate name of law enforcement agency.

24. Name of person contacted at Law Enforcement Agency

25. Phone Number (include area code)

## PART IV. Contact Person at the Financial Institution

26. Last Name

27. First Name

28. Middle Initial

29. Title

30. Phone Number (include area code)

31. Date

32. Agency (If applicable)

## PART V. Suspicious Activity Information Explanation/Description/Narrative

33. Please attach the explanation/description/narrative that you provided to law enforcement or related parties.

