

## Security Paper Damage and Problem Report

Use this form to report issues with vital record security paper. Provide as much information as possible so OVR can adequately address and resolve the problem.

Email or fax the completed form to the Office of Vital Records (OVR) at [vitalrecordspaper@state.mn.us](mailto:vitalrecordspaper@state.mn.us) or 651-201-5740. Write "Damage and Problem Report" in the email subject line or on the fax cover sheet.

### ISSUANCE OFFICE INFORMATION

Office location		Location code	
Name of person reporting the problem	Phone (xxx-xxx-xxxx)	Email	

### DESCRIPTION OF THE PROBLEM

<input type="checkbox"/> Ink smudges when printing	<input type="checkbox"/> Paper missing from box	<input type="checkbox"/> Damaged in shipping	<input type="checkbox"/> Delivery problem
<input type="checkbox"/> Paper quality	<input type="checkbox"/> Partial shipment	<input type="checkbox"/> Theft	<input type="checkbox"/> Fraud

Other problem (describe)

### IF THE PROBLEM IS THEFT OR FRAUD

Describe problem or incident in chronological order. Attach an additional page if needed. Provide information about anyone who was involved or who observed the incident. Please print clearly.

Printed witness name:	Witness signature:	Phone (xxx-xxx-xxxx)
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Did you notify law enforcement?     Not applicable     No     Yes

Police Department	Police Report #
Name of Police Officer	Phone (xxx-xxx-xxxx)

### REQUEST FOR RESOLUTION

If unclear from above, describe the action you want the Office of Vital Records to take to resolve the problem.

### SIGNATURES

Employee's printed name	Employee's signature	Date (MM/DD/YYYY)
Supervisor's printed name	Supervisor's signature	Date (MM/DD/YYYY)