# S&L Dispatching — Carrier Data & Broker Fraud Escalation Record

Confidential office form | Complete legibly; do not enter sensitive personal data in public systems.

Use: Complete each applicable field, sign/date where indicated, have authorized office staff review, then file in the restricted company folder.

Dispatcher name: _____

Carrier name: _____

Broker name / MC: _____

Issue detected: _____

Verification steps taken: _____

Load held? yes/no: _____

Escalated to: _____

Resolution: _____

Dispatcher signature/date: _____

Manager signature/date: _____

OFFICE REVIEW — Received by: _____ Date: _____ Missing items / follow-up: _____