

## **Identity Theft – Victim's Complaint & Affidavit**

This is a voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for you records.

#### **Before Completing This Form:**

- 1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
- 2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

|    | out You (The Victim)            |                      |                 |                    |             |   |
|----|---------------------------------|----------------------|-----------------|--------------------|-------------|---|
|    | <u>)W</u>                       |                      |                 |                    |             |   |
| 1. | My Full Legal Name:             |                      |                 |                    |             |   |
|    |                                 | First                | Middle          | Last               | Suffix      | _   |
| 2. | My Date of Birth:               |                      |                 |                    |             |   |
|    |                                 | mm/dd/yy             | ууу             | _                  |             |   |
| 3. | My Social Security #:           | -                    | _               |                    |             | Leave (3) blank until you   |
| 1. | My Driver's License:            |                      |                 |                    |             | provide this form to someone with a legitimate business                     |
|    | •                               | State                | Nı              | ımber              | _           | need, like when you are filin   |
| í. | My Current Street Address:      |                      |                 |                    |             | your report at the police   |
|    | •                               | Number & St          | reet Name       | Apartment,         | Suite,etc.  | station or sending the form t   |
|    |                                 |                      |                 |                    |             | <ul><li>a credit-reporting agency to</li><li>correct your report.</li></ul> |
|    |                                 | City                 | State           | Zip Code           | Country     | _ correct your report.  |
| j. | I have lived at this address si | nce.                 |                 |                    |             |   |
| •  | Thave fived at this address si  |                      | mm/yyyy         | 7                  |             |   |
|    |                                 |                      |                 |                    |             |   |
|    | My daytime phone: ()            |                      |                 |                    |             |   |
|    | My evening phone: ()            |                      |                 |                    |             |   |
|    | My e-mail:                      |                      |                 |                    |             |   |
|    |                                 |                      |                 |                    |             |   |
|    | 41 (77 (2.41 17 1               |                      |                 |                    |             |   |
|    | the Time of the Fraud           |                      |                 |                    |             | Skip ( <b>8 – 10</b> ) if your  |
| 3. | My Full Legal Name Was:         | First                | Middle          | Last               | Suffix      | information has not changed   |
|    |                                 | FIISt                | Middle          | Last               | Sullix      | since the fraud.  |
|    |                                 |                      |                 |                    |             |   |
| ). | My Address Was:                 | N. 1. 0. G.          |                 |                    | <u> </u>    |   |
| ). | My Address Was:                 | Number & Stree       | t Name          | Apartment          | ,Suite,etc. |   |
| ). | My Address Was:                 | Number & Stree  City | t Name<br>State | Apartment Zip Code | ,Suite,etc. |   |
| ). | My Address Was:                 |                      |                 | -                  |             |   |
|    |                                 | City                 | State           | -                  |             |   |
|    | My daytime phone: () _          | City                 | State           | -                  |             |   |
|    |                                 | City                 | State           | -                  |             |   |

can collect – or sponsor the collection of – your information, or require you to provide it.



| Victii      | n's Na   | me: _       |        |                | Phone Number:                                      |   |                    |  |
|-------------|--|-------------|--------|----------------|--|---|--------------------|--|
|             |  |             |        |                |  |   |                    |  |
|             |  |             | e Vict | im) Continue   | d  |   |                    |  |
| * <u>De</u> | <u>clarat</u>  | <u>ions</u> |        |                |  |   |                    |  |
| 11.         | I  | did         | or     | did NOT        | authorize anyone to use goods, or services – or fo | -   |                    | btain money, credit, loans, this report. |
| 12.         | I  | did         | or     | did NOT        | receive any money, good this report.               | ls, services, or other b  | enefit as a result | of the events described in               |
| 13.         | I  | am          | or     | am NOT         | willing to work with law committed the fraud.      | enforcement if charg  | es are brought aş  | gainst the person(s) who                 |
| Abo         | ut the   | Franc       | d      |                |  |   |                    |  |
| 14.         | I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.  Name: |             |        |                |  | (14) Enter what you know<br>about anyone you believe<br>was involved (even if you |                    |  |
|             |  |             |        | First          | Middle   | Last  | Suffix             | don't have complete                      |
|             | Addr   | ess:        |        |                |  |   |                    | information)<br>_                        |
|             |  |             |        | Numl           | oer & Street Name                                  | Apartmer  | nt, Suite,etc.     |  |
|             | Additi   | ional i     | nform  | ation about th | is person:   |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             |  |             |        |                |  |   |                    |  |
|             | -  |             |        |                |  |   |                    |  |



| Victir | n's Name: Phone Number:   |  |  |  |
|--------|---|--|--|--|
| 15.    | Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):   | (14) & (15): Attach additional sheets as needed.   |  |  |
|        |   |  |  |  |
|        |   |  |  |  |
| Doc    | umentation  |  |  |  |
| 16.    | I can verify my identity with these documents:  | (16) Reminder: Attach copies   |  |  |
|        | A valid government issued photo identification card (for example, my driver's license, state-issued ID card, or my passport). If you are under 16 and don't have a photo ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable. | of your identity documents<br>when sending this form to<br>creditors and credit<br>reporting agencies. |  |  |
|        | Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).  |  |  |  |
| Abo    | ut the Information or Accounts  |  |  |  |
| 17.    | The following personal information (like my name, address, Social Security number, or date of inaccurate as a result of this identity theft:  | birth) in my credit report is  |  |  |
|        | A<br>B.   |  |  |  |
|        | C.  |  |  |  |
| 18.    | Credit inquiries from these companies appear on my credit report as a result of this identity the Company Name:   | ft:  |  |  |
|        | Company Name:   |  |  |  |
|        | -   |  |  |  |



| Victim's Name:                      |                             | Phone Num               | ber:                |   |
|-------------------------------------|-----------------------------|-------------------------|---------------------|---|
|                                     |                             |                         |                     |   |
| 19. Below are details about differ  | ent frauds committed using  | my personal info        | ormation:           |   |
|                                     |                             |                         |                     | (19) If there were more                                 |
| Name of Institution                 | Contact Person              | Phone                   | Extension           | than three frauds, copy this page blank, and attach as  |
| Account Number                      | Routing Number              | Affected C              | Check Number(s)     | many additional copies as                               |
| Account Type: Credit                | Bank Phone/U                | Itilities 1             | Loan                | necessary.  |
| Governmen                           | nt Benefits Interne         | t or e-mail             | Other               | Enter an applicable                                     |
| Select ONE: This account was        | opened fraudulently.        |                         |                     | information that you have,                              |
|                                     | ng account that someone ta  | mnered with             |                     | even if it is incomplete or                             |
| 2.115 // 45 4.11 \$1.115            | g                           |                         |                     | an estimate.  |
| Date Opened or Misused (mm/yyyy)    | Date Discovered (mm/yyy     | Total Am                | ount Obtained (\$)  |   |
| Date Opened of Misused (IIIII/yyyy) | Date Discovered (IIIII/yyy  | y) Total Alli           | built Obtained (\$) |   |
|                                     |                             |                         |                     | If the thief committed two                              |
| Name of Institution                 | Contact Person              | Phone                   | Extension           | types of fraud at one company, list the company         |
| Account Number                      | Routing Number              | Affected C              | Check Number(s)     | twice, giving the                                       |
| Account Type: Credit                | Bank Phone/U                | Itilities I             | Loan                | information about the two frauds separately.            |
| Governmen                           | nt Benefits Interne         | t or e-mail             | Other               | francis separatety.                                     |
| Select ONE:                         | 16 11 1                     |                         |                     | Contact Person: Someone                                 |
|                                     | opened fraudulently.        | you dealt with, whom an |                     |   |
| i nis was an exisu                  | ng account that someone ta  | mpered with.            |                     | investigator can call about this fraud.                 |
| Date Opened or Misused (mm/yyyy)    | Date Discovered (mm/yyy     | y) Total Ame            | ount Obtained (\$)  |   |
|                                     |                             |                         |                     | Account Number: The                                     |
| Name of Institution                 | Contact Person              | Phone                   | Extension           | number of the credit card,                              |
|                                     |                             |                         |                     | bank account, loan, or                                  |
| Account Number                      | Routing Number              | Affected C              | Check Number(s)     | other account that was misused.                         |
| Account Type: Credit                | Bank Phone/U                | Itilities I             | Loan                |   |
| Governmen                           | nt Benefits Interne         | t or e-mail             | Other               | <b>Date</b> : indicate when the                         |
| Select ONE:                         | 16 11 1                     |                         |                     | thief began to misuse your information and when you     |
|                                     | opened fraudulently.        | 1 2.1                   |                     | discovered the problem.                                 |
| This was an existi                  | ng account that someone tar | mpered with.            |                     |   |
|                                     |                             |                         |                     | <b>Amount Obtained</b> : For instance, the total amount |
| Date Opened or Misused (mm/yyyy)    | Date Discovered (mm/yyy     | y) Total Am             | ount Obtained (\$)  | purchased with the card or                              |
|                                     |                             |                         |                     | withdrawn from the                                      |



# **Identity Theft – Victim's Complaint & Affidavit**

Victim's Name: \_\_\_\_\_ Phone Number: \_\_\_\_

| You | r Law Enforcement Report   |  |  |
|-----|--|--|--|
| 20. | One way to get a credit-reporting agency to quickly information from appearing on your credit report is report (Identity Theft Report). You can obtain an Identity form to your local law enforcement office, along was Ask an officer to witness your signature and complesection. It's important to get your report number, we person or get a copy of the official law enforcement conformation letter or official law enforcement report to credit reporting agencies. | (20) Check "I have not" if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable" if you tried to file a report, but law enforcement refused to take it. |  |
|     | Select ONE:  I have not filed a law enfo   | Automated Report: A law enforcement report filed through an automated  |  |
|     | I was unable to file any la  | w enforcement report.  | system, for example, by telephone, mail, or the                                      |
|     | listed below.  | t with the law enforcement agency with law the enforcement officer and   | internet, instead of a face-<br>to-face interview with a law<br>enforcement officer. |
|     | Law Enforcement Department   | State  |  |
|     | Report Number  | Filing Date (mm/dd/yyyy)   |  |
|     | Officer's Name (Please Print)  | Officer's Signature  |  |
|     | Badge Number   | Phone Number (w/area code)   |  |
|     | ne victim receive a copy of the report from the law en   | nforcement officer? Yes or No  |  |
|     |  |  |  |



| Victim's Name:   |   | Phone Number:   |  |  |
|--|---|---|--|--|
|  |   |   |  |  |
| Signature  |   |   |  |  |
| Dignature  |   |   |  |  |
| As applicable, sign and da   | ate IN THE PRESENCE O   | <b>OF</b> a law enforcement officer, a notary, or a witness.  |  |  |
| complete, and made in good<br>federal, stats, and/or local la<br>understand that knowingly r | I faith. I understand that this compare enforcement agencies for such | the information on and attached to this complaint is true, correct, plaint or the information it contains may be made available to action within their jurisdiction as they deem appropriate. I tement or representation to the government may violate federal isonment, or both. |  |  |
|  | Signature   | Date Signed (mm/dd/yyyy)  |  |  |
|  | -   |   |  |  |
| 4 00k 7 4 4  |   |   |  |  |
| Affidavit  |   |   |  |  |
| nave one witness (I von Rena   | tive) sign that you completed and                                     | Signed tins / Hindavit.   |  |  |
| Nota   | ry  |   |  |  |
|  |   |   |  |  |
| Witness:   |   |   |  |  |
|  |   |   |  |  |
| Signatur   | re  | Printed Name  |  |  |
|  |   |   |  |  |
| Date   |   | Telephone Number (With Area Code)   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |