Identity Theft Victim's Complaint and Affidavit

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

Before completing this form:

- I. 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.

About You (the victim)

Now

| (1) | My full legal name: | | | | | Leave (3) blank until |
|------|---|-------------------|--------------------------|--------------------|---------------|----------------------------------|
| (1) | Thy full legal flame | First | Middle | Last | Suffix | you provide |
| (2) | My date of birth: | | | | | this form to |
| | | mm/dd/yyyy | | | | someone with a legitimate |
| (3) | My Social Security num | ber: | | | | business need, |
| (4) | My driver's license: | | | | | like when you are filing your |
| () | | State | Number | | | report at the |
| (5) | My current street addr | ess: | | | | police station or sending |
| | | | | | | the form |
| | Number & Street | Name | | Apartment, Suit | e, etc. | to a credit reporting |
| | | | | | | agency to |
| | City | State | Zip Code | С | ountry | correct your credit report. |
| (6) | I have lived at this addr | ess since | | | | credit report. |
| (7) | | `` | mm/yyyy | | | |
| (7) | My daytime phone: (| | | | | |
| | My evening phone: (| | | | | |
| | My email: | | | | | |
| | | | | | | |
| At t | he Time of the Frau | ıd | | | | |
| | | | | | | Skip (8) - (10) |
| (8) | My full legal name was | | | | | if your |
| | | First | Middle | Last | Suffix | information has not |
| (9) | My address was: | Number & Stree | | Apartment, | | changed since |
| | | the fraud. | | | | |
| | City | State | Zip Code | Co | ountry | |
| (10) | My daytime phone: () My evening phone: () | | | | | |
| | My email: | | | | | |
| | | | | | | |
| Th | e Paperwork Reduction Act rec | | | | | |
| | before we can collect – o | or sponsor the co | ollection of – your info | ormation, or requi | re you to pro | ovide it. |

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(14):

Enter what

you believe was involved (even if you don't have complete

information).

you know about anyone

About You (the victim) (Continued)

Declarations

| (11) | Ι | □ did | OR | 🗆 did not | authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report. |
|------|---|-------|----|-----------|--|
| (12) | Ι | 🗆 did | OR | 🗆 did not | receive any money, goods, services, or other benefit as a result of the events described in this report. |
| (13) | I | 🗆 am | OR | 🗌 am not | willing to work with law enforcement if charges are brought against the person(s) who committed the fraud. |

About the Fraud

(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: | | | | |
|---------|-------|--------|------|--------|
| - | First | Middle | Last | Suffix |
| Address | • | | | |

Number & Street Name

City

Apartment, Suite, etc.

Country

State

Zip Code

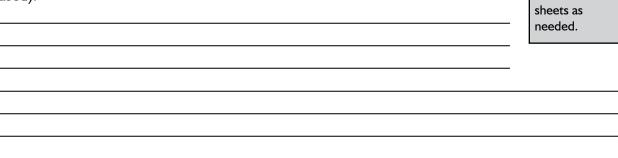
Phone Numbers: (____)_____ (___)_____

Additional information about this person: _____

(14) and (15):

Attach additional

(15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):



Documentation

- (16) I can verify my identity with these documents:
 - □ 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.

□ 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).

(16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

About the Information or Accounts

(17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

| (A) _ | |
|-------|--|
| (B) | |
| (C) | |

(18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

| Company Name: _ | |
|-----------------|--|
| Company Name: | |
| Company Name: | |

withdrawn from the account.

Below are details about the different frauds committed using my personal information. (19)

| | | 2 | | (19): If there were |
|-------------------------------------|--|--------------------|-------------------|--------------------------------------|
| Name of Institution | Contact Person | Phone | Extension | more than three frauds, copy this |
| | outing Number | | eck Number(s) | page blank, and attach as many |
| Account Type: Credit Ba | nk □Phone/Utilitie 3enefits □Internet | | er | additional copies as necessary. |
| Select ONE: | | | | Enter any applicable |
| □ This account was opene | d fraudulently. | | | information that |
| □ This was an existing acco | ount that someone ta | ampered with. | | you have, even if it is incomplete |
| | | | | or an estimate. |
| Date Opened or Misused (mm/yyyy) | Date Discovered (mm | ו/уууу) Total Amou | int Obtained (\$) | If the thief committed two |
| | | | | types of fraud at |
| Name of Institution | Contact Person | Phone | Extension | one company, |
| | | | | list the company twice, giving |
| Account Number R | outing Number | Affected Ch | eck Number(s) | the information |
| | | | | about the two |
| Account Type: Credit Ba | | | | frauds separately. |
| | Benefits 🛛 Internet | or Email LI Oth | er | Contact Person: |
| Select ONE: | | | | Someone you dealt with, whom |
| □ This account was opene | d fraudulently. | | | an investigator |
| □ This was an existing acco | ount that someone ta | ampered with. | | can call about this |
| | | | | fraud. |
| Date Opened or Misused (mm/yyyy) | Date Discovered (mm | n/yyyy) Total Amou | int Obtained (\$) | Account Number: |
| | | | | The number of the credit or |
| | | | | debit card, bank |
| Name of Institution | Contact Person | Phone | Extension | account, loan, or |
| Account Number R | outing Number | Affected Ch | eck Number(s) | other account that was misused. |
| | outing runnber | Allected Ch | eck Number (s) | Dates: Indicate |
| Account Type: □Credit □Ba | | | | when the thief |
| Government I | Benefits 🛛 Internet | or Email 🛛 Oth | er | began to misuse |
| Select ONE: | | | | your information |
| This account was opene | d fraudulently. | | | and when you discovered the |
| \Box This was an existing account | | ampered with. | | problem. |
| 5 | | | | Amount Obtained: |
| Date Opened or Misused (mm/yyyy) | Date Discovered (mm | n/yyyy) Total Amou | int Obtained (\$) | For instance, |
| | | | | the total amount purchased with |
| | | | | the card or |

| You | r Law Enforcement Rep | oort | | |
|--------|---|--|--|---|
| (20) | One way to get a credit report related information from appea detailed law enforcement report an Identity Theft Report by tak office, along with your support your signature and complete the important to get your report n person or get a copy of the offic any confirmation letter or offic sending this form to credit report | ing agency to quickly block aring on your credit report ort ("Identity Theft Report") ing this form to your local la ing documentation. Ask an ne rest of the information in umber, whether or not you icial law enforcement report ial law enforcement report | (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 en I was unable to file any I filed an automated republic below. I filed my report in personfficer and agency listed | | Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a | |
| Law E | nforcement Department | | State | face-to-face interview with a law enforcement officer. |
| Report | t Number | Filing Date (mm/dd/yyyy) | - | |
| Office | r's Name (please print) | Officer's Signature | | |
| Badge | Number | () Phone Number | | |
| Did th | e victim receive a copy of the re | port from the law enforcer | nent officer? 🛛 🗌 Ye | s OR □No |

Victim's FTC complaint number (if available): _____

Signature

As applicable, sign and date IN THE PRESENCE OF a law enforcement officer, a notary, or a witness.

(21) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

Signature

Date Signed (mm/dd/yyyy)

Your Affidavit

(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit. If someone has used your Social Security number (SSN) to get a tax refund or a job, or you suspect your SSN has been stolen, alert the IRS using Form 14039 at www.irs.gov/pub/irs-pdf/f14039.pdf.

Notary

Witness:

Signature

Printed Name