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 ftc.gov/idtheft to use a secure online version that you can print for your 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.

Now						
140						Leave (3)
(1)	My full legal name:					blank until
(-)		First		Last	Suffix	you provide
(2)	My date of birth:	mm/dd/sss.				this form to someone with
						a legitimate
(3)	My Social Security nur	mber:				business need,
(4)	My driver's license:					like when you are filing your
		State	Number			report at the
(5)	My current street add					police station
()	,					or sending the form
	Number & Street	: Name		Apartment, S	uite, etc.	to a credit
						reporting agency to
	City	State	Zip Code		Country	correct your
(6)	l have lived at this add	ross since	•		,	credit report.
(6)	I have lived at this add	ress since	mm/yyyy			
(7)	My daytime phone: (_)	,,,,			
	My evening phone: (_					
	My email:					
	- 17 Cirian.					
<u>At t</u>	he Time of the Fra	ud				
(0)	N4 6 11 1 1					Skip (8) - (10)
(8)	My full legal name was	S:	Middle	Last	Suffix	if your information
			i ildale	Last	Julix	has not
(9)	My address was:	Number & Stree	A NI	A = = = = = = =	Ci.a	changed since
		Number & Stree	et Name	Apartme	ent, Suite, etc.	the fraud.
	City	State	Zip Code		Country	
(10)	My daytime phone: (_)	My ev	ening phone	: ()	

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

Victim	's Na	me				_ Phone number	· ()	Page 2
Abo	ut `	You (th	ie vict	tim) (Conti	nued)			
Decl					,			
(11)	I	□ did	OR	□ did not	obtain mone	ey, credit, loans,	name or personal goods, or services ped in this report.	
(12)	I	□ did	OR	☐ did not	•	, •	services, or other bed in this report.	enefit as a
(13)	I	□am	OR	□ am not	_		forcement if charge ommitted the fraud	_
Abou	ut ti	he Fra	ud					
(14)	l bo	elieve the	e follo	• .	•	mation or identi xisting accounts	fication , or commit other	(14): Enter what you know about anyone you believe
		Name:	First		Middle	Last	Suffix	was involved (even if you don't have complete
		Address		umber & Street	: Name	Apar	tment, Suite, etc.	information).
			City		State	Zip Code	Country	
		Phone I	Numbe	ers: ()		()		
		Additio	nal info	ormation abo	ut this person	:		

Victim	's Name	Phone number ()	Page 3
(15)		me (for example, how the identity thief r which documents or information were	(14) and (15): Attach additional sheets as needed.
			•
Doc	cumentation		
(16)	I can verify my identity with these do A valid government-issued photo ide license, state-issued ID card, or my If you are under 16 and don't have a pa copy of your official school record shacceptable.	entification card (for example, my driver's passport). Shoto-ID, a copy of your birth certificate or owing your enrollment and legal address is	(16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting
		he disputed charges occurred, the loan place (for example, a copy of a rental/lease or an insurance bill).	agencies.
Abo	out the Information or Acco	ounts	
(17)		(like my name, address, Social Security num	ber, or date of
	(A) (B) (C)		
(18)	Credit inquiries from these companitheft:	ies appear on my credit report as a result of	this identity
	Company Name:		
	Company Name:		
	Company Name:		

Victim's Name	Phone number	() Page	4

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

Name of Institution	Contact Person	Phone	Extension		
Account Number	Routing Number	Affected Ch	neck Number(s)		
Account Type: ☐ Credit ☐ Governme	Bank □Phone/Utilitie ent Benefits □Internet		ner		
Select ONE: ☐ This account was op ☐ This was an existing	ened fraudulently. account that someone ta	impered with.			
Date Opened or Misused (mm/yy	yy) Date Discovered (mm	/yyyy) Total Amo	unt Obtained (\$)		
Name of Institution	Contact Person	Phone	Extension		
Account Number	Routing Number	Affected Ch	neck Number(s)		
Account Type: □ Credit □ Bank □ Phone/Utilities □ Loan □ Government Benefits □ Internet or Email □ Other					
Select ONE: ☐ This account was opened fraudulently. ☐ This was an existing account that someone tampered with.					
Date Opened or Misused (mm/yy	yy) Date Discovered (mm	/yyyy) Total Amo	unt Obtained (\$)		
Name of Institution	Contact Person	Phone	Extension		
Account Number	Routing Number	Affected Ch	neck Number(s)		
Account Type: □ Credit □ Bank □ Phone/Utilities □ Loan □ Government Benefits □ Internet or Email □ Other					
Select ONE: ☐ This account was opened fraudulently. ☐ This was an existing account that someone tampered with.					
Date Opened or Misused (mm/yy	yy) Date Discovered (mm	/yyyy) Total Amo	unt Obtained (\$)		

(19): If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

Contact Person: Someone you dealt with, whom an investigator can call about this fraud.

Account Number: The number of the credit or debit card, bank account, loan, or other account that was misused.

Dates: Indicate when the thief began to misuse your information and when you discovered the problem.

Amount Obtained:
For instance,
the total amount
purchased with
the card or
withdrawn from
the account.

Victim's Name	Phone number ()	Page 5				
Your Law Enforcement Rep	port					
related information from appedetailed law enforcement report an Identity Theft Report by take office, along with your support your signature and complete the important to get your report report or get a copy of the officency confirmation letter or officency.	One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It's important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.					
Select ONE: I have not filed a law er I was unable to file any I filed an automated repelow. I filed my report in persofficer and agency lister	Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a					
Law Enforcement Department	State	face-to-face interview with a law enforcement officer.				
Report Number	Filing Date (mm/dd/yyyy)					
Officer's Name (please print)	Officer's Signature					
Badge Number	() Phone Number					

Did the victim receive a copy of the report from the law enforcement officer? \Box Yes OR \Box No

Victim's FTC complaint number (if available):

Victim	n's Name	Phone number ()	Page 6			
Sign	natura					
	nature oplicable, sign and date <i>IN</i>	N THE PRESENCE OF a law enforcement office	er, a notary, or			
a wit	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(21)	I certify that, to the best of my knowledge and belief, all of the information on and attached 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 loca law enforcement agencies for such action within their jurisdiction as they deem appropriate 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.					
Signa	ture	Date Signed (mm/dd/yyyy)				
You	ır Affidavit					
(22)	Theft Affidavit to prove to you are not responsible fo that you submit different f should also check to see if	e a report with law enforcement, you may use this each of the companies where the thief misused yer the fraud. While many companies accept this afficorms. Check with each company to see if it accept it requires notarization. If so, sign in the presence witness (non-relative) sign that you completed an	our information that idavit, others require ts this form. You of a notary. If it			
Notai	ry					
Witn	ess:					
Signat	ture	Printed Name				
Date		Telephone Number				