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.

Abo	out You (the victim)				
Nov	/					
(1)	My full legal name:	· <u>-</u>				Leave (3) blank until
(2)	My data of hinth	First		Last	Suffix	you provide this form to
(2)	My date of birth:	mm/dd/yyyy				someone with
(3)	My Social Security nu					a legitimate business need,
						like when you
(4)	My driver's license: _		Number			are filing your
			Number			report at the police station
(5)	My current street add	dress:				or sending the form
	Number & Stree	t Name		Apartment,	Suite, etc.	to a credit
				,		reporting
	City	State	Zip Code		Country	agency to correct your
(6)	•	drace since	•		,	credit report.
(6)	I have lived at this add	riess since	mm/yyyy			
(7)	My daytime phone: ()	,,,,			
	My evening phone: (_					
	My email:					
	,					
Δt t	he Time of the Fra	uid				
710 0						Skip (8) - (10)
(8)	My full legal name wa	s:				if your
		First	Middle	Last	Suffix	information has not
(9)	My address was:	Number & Stree				changed since
		the fraud.				
	City	State	Zip Code		Country	
(10)	My daytime phone: ()	My ev	ening phone	e: ()	
	My email:					

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	out \	You (th	e vict	tim) (Conti	nued)				
Decl	arat	ions							
(11)	I	□ did	OR	□ did not	obtain mone	yone to use my ey, credit, loans, se — as describ	goods, or ser	vices —	
(12)	I	□ did	OR	☐ did not	,	money, goods, s events describe			efit as a
(13)	I	□ am	OR	□ am not	•	ork with law en person(s) who c		_	re brought
Abou	ut tl	ne Fra	ud						
(14)	I believe the follo documents to op fraud.			• .	•			other	(14): Enter what you know about anyone you believe
		Name:	First		Middle	Last	Suffix	<u> </u>	was involved (even if you don't have complete
	Addres			umber & Street	: Name	Apar	tment, Suite, etc	_	information).
			City		State	Zip Code	Country		
		Phone N	Numbe	ers: ()		()		_	
		Addition	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 d A valid government-issued photo identification license, state-issued ID card, or my If you are under 16 and don't have a p	entification card (for example, my driver's	(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)	The following personal information birth) in my credit report is inaccura	(like my name, address, Social Security num	ber, or date of
	(A) (B) (C)		
(18)	Credit inquiries from these compantheft:	ies appear on my credit report as a result of	this identity
	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 □ Governm	□Bank □Phone/Utilitie ent Benefits □Internet		ner		
Select ONE: ☐ This account was opened fraudulently. ☐ This was an existing account that someone tampered with.					
Date Opened or Misused (mm/y	yyy) Date Discovered (mm/	yyyy) Total Amo	unt Obtained (\$)		
Name of Institution	Contact Person	Phone	Extension		
Account Number	Routing Number	Affected Ch	eck Number(s)		
Account Type: ☐ Credit ☐ Governm	□Bank □Phone/Utilitie: ent Benefits □Internet		ner		
Select ONE: ☐ This account was opened fraudulently. ☐ This was an existing account that someone tampered with.					
Date Opened or Misused (mm/y	yyy) 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/y	yyy) Date Discovered (mm/	yyyyy) 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 Enforce	nent Report			
related information detailed law enformant an Identity Theft office, along with your signature and important to get your set a continuation I	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 I was unab I filed an al below. I filed my r officer and	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	t 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>	I THE PRESENCE OF a law enforcement offic	er, a notary, or			
a wit			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(21)	l 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.					
Signa	ture	Date Signed (mm/dd/yyyy)				
You	ır Affidavit					
(22)	If you do not choose to file a report with law enforcement, you may use this form as an Identit Theft Affidavit to prove to each of the companies where the thief misused your information the you are not responsible for the fraud. While many companies accept this affidavit, others required 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 Affidation.					
Notai	ry					
Witn	ess:					
Signat	ture	Printed Name				
Date		Telephone Number				