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:

- 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:	Firm	M. J.II.	Last	C . (C .	Leave (3) blank until
(2)	My date of birth:	mm/dd/yyyy	Middle	Last	Suffix	you provide this form to someone with
(3)	My Social Security num					a legitimate business need,
(4)	My driver's license:	State	Number			like when you are filing your report at the
(5)	My current street addr	ess:				police station or sending the form
	Number & Street	Name		Apartment,	Suite, etc.	to a credit reporting agency to
	City	State	Zip Code		Country	correct your
(6)	I have lived at this addr	ess since				credit report.
(7)	M. daytina abana (\	mm/yyyy			
(7)	My daytime phone: (
	My evening phone: (My email:					
At t	he Time of the Frau	ıd				
(8)	My full legal name was:					Skip (8) - (10) if your
(0)	My full legal name was:	First	Middle	Last	Suffix	information
(9)	My address was:	Number & Stree	t Name	Apartm	ent, Suite, etc.	has not 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 Name				_ Phone number	()	Page 2	
ut `	You (th	e vict	tim) (Conti	nued)			
arat	ions						
I	□ did	OR	OR did not authorize anyone to use my name or personal obtain money, credit, loans, goods, or services other purpose — as described in this report.				
I	□ did	OR	☐ did not	•	, -		benefit as a
I	□am	OR	□ am not	_		_	_
ıt t	he Fra	ud					(14):
•			• .	•			Enter what
		First		Middle	Last	Suffix	was involved (even if you don't have complete
Number & Stree		Name	Apar	tment, Suite, etc.	information).		
			State	Zip Code	Country		
		ers: ()		_ ()			
	Addition	nal info	ormation abo	ut this person			
	l l l ttt	I did I did I am It the Frait I believe the documents fraud. Name: Address	I did OR I did OR I did OR I am OR I the Fraud I believe the follow documents to ope fraud. Name: First Address: N City	I	I	I did OR did not authorize anyone to use my obtain money, credit, loans, other purpose — as described and or receive any money, goods, so result of the events described against the person of the person of the events described against the pe	did OR did not authorize anyone to use my name or persona obtain money, credit, loans, goods, or service other purpose — as described in this report. did OR did not receive any money, goods, services, or other result of the events described in this report. am OR am not willing to work with law enforcement if charge against the person(s) who committed the fraudate the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud. Name:

Victim	's Name	Phone number ()	Page 3			
(15)		out the crime (for example, how the identity thief rmation or which documents or information were	(14) and (15): Attach additional sheets as needed.			
Doc	umentation					
	license, state-issued ID car If you are under 16 and don a copy of your official school acceptable. I Proof of residency during t	photo identification card (for example, my driver's	(16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.			
Δbo		utility bill, or an insurance bill).				
(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:					
	(B)					
(18)	Credit inquiries from these theft:	e companies appear on my credit report as a result of t	this identity			
	Company Name:					
	Company Name:					

Victim's Name		Phone number ()	Page 4
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(19) Below are details about the different frauds committed using my personal information.

				(19): If there were
Name of Institution	Contact Person	Phone	Extension	more than three frauds, copy this
Account Number	Routing Number	Affected C	heck Number(s)	page blank, and attach as many
	□Bank □Phone/Utilitie nent Benefits □Internet		her	additional copies as necessary.
Select ONE: This account was of the This was an existing the This was	opened fraudulently. g account that someone ta	ampered with.		Enter any applicable information that you have, even if it is incomplete or an estimate.
Date Opened or Misused (mm/	yyyy) Date Discovered (mm	/yyyy) Total Amo	ount Obtained (\$)	If the thief
				committed two
Name of Institution	Contact Person	Phone	Extension	one company, list the company twice, giving
Account Number	Routing Number	Affected C	heck Number(s)	the information about the two
, ·	□Bank □Phone/Utilitie nent Benefits □Internet		her	frauds separately.
Select ONE: ☐ This account was of ☐ This was an existing.		Contact Person: Someone you dealt with, whom an investigator can call about this fraud.		
Date Opened or Misused (mm/	yyyy) Date Discovered (mm	/yyyy) Total Amo	ount Obtained (\$)	Account Number: The number of
				the credit or debit card, bank
Name of Institution	Contact Person	Phone	Extension	account, loan, or other account
Account Number	Routing Number	Affected C	heck Number(s)	that was misused.
Account Type: Governr Select ONE: This account was on This was an existing account.	Dates: Indicate when the thief began to misuse your information and when you discovered the problem.			
Date Opened or Misused (mm/	yyyyy) Date Discovered (mm	/уууу) Total Amc	ount Obtained (\$)	Amount Obtained: For instance, the total amount

the card or withdrawn from the account.

You	r Law Enforcement l	Report				
(20)	related information from a detailed law enforcement is an Identity Theft Report by office, along with your supyour signature and comple important to get your repoperson or get a copy of the	porting agency to quickly block identity theft- ppearing on your credit report is to submit a report ("Identity Theft Report"). You can obtain y taking this form to your local law enforcement porting documentation. Ask an officer to witness te the rest of the information in this section. It's ort number, whether or not you are able to file in a official law enforcement report. Attach a copy of official law enforcement report you receive when reporting agencies.	credit report is to submit a Theft Report"). You can obtain to your local law enforcement tation. Ask an officer to witness information in this section. It's her or not you are able to file in rement report. Attach a copy of tement report you receive when			
	☐ I was unable to file☐ I filed an automated below.	w enforcement report. any law enforcement report. d report with the law enforcement agency listed person with the law enforcement listed below.	Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a			
Law E	inforcement Department	State	face-to-face interview with a law enforcement officer.			
Repor	t Number	Filing Date (mm/dd/yyyy)				
Office	er's Name (please print)	Officer's Signature				
Badge	Number	() Phone Number				
Did th	ne victim receive a copy of th	ne report from the law enforcement officer? \Box	Yes OR □No			
Victim	n's FTC complaint number (i	f available):				

Victim	's Name	Phone number ()	Page 6		
	nature				
As ap		N THE PRESENCE OF a law enforcement office	er, a notary, or		
(21)	this complaint is true, corr complaint or the informati law enforcement agencies understand that knowingly	of my knowledge and belief, all of the information of rect, and complete and made in good faith. I under ion it contains may be made available to federal, state for such action within their jurisdiction as they deep making any false or fraudulent statement or representation, state, or local criminal statutes, and may research.	stand that this ate, and/or local em appropriate. I esentation to the		
Signat	ture	Date Signed (mm/dd/yyyy)			
You	r 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 Affidat 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.				
Notar	у				
Witne	ess:				
Signat	ure	Printed Name			
Date		Telephone Number			