Identity Theft Victims’ 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.

About You (the victim)

Now

(1) My full legal name: ____________________________________________
    First                  Middle               Last       Suffix

(2) My date of birth: __________________
    mm/dd/yyyy

(3) My Social Security number: ________-______-__________

(4) My driver’s license: __________________
    State             Number

(5) My current street address:
    ____________________________________________________________
    Number & Street Name                          Apartment, Suite, etc.
    ____________________________________________________________
    City   State  Zip Code   Country

(6) I have lived at this address since __________________
    mm/yyyy

(7) My daytime phone: (____)___________________
    My evening phone: (____)___________________
    My email: ____________________________________

At the Time of the Fraud

(8) My full legal name was: ______________________________________
    First                  Middle               Last       Suffix

(9) My address was: ____________________________________________
    Number & Street Name                          Apartment, Suite, etc.
    ____________________________________________________________
    City   State  Zip Code  Country

(10) My daytime phone: (____)___________________
    My evening phone: (____)___________________
    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.
About the Fraud

What & When

(11) My personal information or documents (for example, credit cards, birth certificate, driver’s license, Social Security card, etc.) were lost or stolen on or about ________________.  
   mm/dd/yyyy

(12) I discovered that my personal information had been used by someone else on or about ________________.  
   mm/dd/yyyy

(13) I □ 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.

(14) I □ did OR □ did not receive any money, goods, services, or other benefit as a result of the events described in this report.

Who

(15) I believe the following person(s) used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

(A) Name: ____________________________________________
    First    Middle    Last    Suffix

Address: ____________________________________________
    Number & Street Name    Apartment, Suite, etc.

    City    State    Zip Code    Country

Phone Numbers: (____)_________________ (____)_________________

Additional information about this person: ____________________________________________
    ____________________________________________
    ____________________________________________
    ____________________________________________
    ____________________________________________
(B) Name: ____________________________________________________
    First       Middle       Last             Suffix

Address: ___________________________________________________
    Number & Street Name       Apartment, Suite, etc.

City       State        Zip Code       Country

Phone Numbers: (____)_______________  (____)________________

Additional information about this person: ______________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(16) □ am    OR    □ am not    willing to press charges and/or work with law enforcement if
    charges are brought against the person(s) who committed the fraud.

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

About the Information or Accounts

(18) I wish to dispute the following personal information (such as my name, address, Social
    Security number, or date of birth) in my credit report as inaccurate as a result of this identity
    theft:

    (A) __________________________________________________________________________
    (B) __________________________________________________________________________
    (C) __________________________________________________________________________

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

    Company Name: _______________________________________________________________
    Company Name: _______________________________________________________________
    Company Name: _______________________________________________________________
(20) Below are details about the different frauds committed using my personal information.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Contact Person</th>
<th>Phone</th>
<th>Extension</th>
</tr>
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Account Number | Routing Number | Affected check 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/yyyy)     Total Amount Obtained ($)

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(20):
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.

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

(21) 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).

Take these documents and this form to your local law enforcement office, along with your FTC complaint number (if you already filed online or by phone with the FTC). Ask an officer to witness your signature, below, and to complete the rest of the information about his or her department and your law enforcement report. It’s important to get your report number, whether or not you are able to file in person.

Signature

If possible, sign and date IN THE PRESENCE OF a law enforcement officer.

(22) 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 will 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 Law Enforcement Report

(23) Select ONE:

- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

<table>
<thead>
<tr>
<th>Law Enforcement Department</th>
<th>State</th>
<th>Report Number</th>
<th>Filing Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officer’s Name (please print)</td>
<td>Officer’s Signature</td>
<td>Badge Number</td>
<td>Phone Number</td>
</tr>
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</table>

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

Victim’s FTC complaint number (if available): ____________________________

REMEMBER: Attach copies of your identity documentation when sending your report to creditors and credit reporting agencies.