



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: _____

This section is for the victim's information, even if he or she cannot complete the form.

Leave (3) blank until you provide this form to someone with a legitimate business need, such as when you are filing your report at the police station or sending the form to a consumer reporting company to correct your credit report.

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: _____

Skip (8) - (10) if your information has not changed since the fraud.

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.

(12):
Let us know the date you **noticed** – this may be some time after the thief began to use it.

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

(15):
Enter what you know (even if you can't complete everything) about anyone you believe was involved.

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: _____

(B) and (17):
Attach
additional
sheets as
needed.

(16) I 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.

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected check number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan			
<input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE:			
<input type="checkbox"/> This account was opened fraudulently.			
<input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)		Total Amount Obtained (\$)	

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected check number(s)	
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Select ONE:			
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Date Opened or Misused (mm/yyyy)		Total Amount Obtained (\$)	

(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.

