



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

Phone Numbers: (____) _____ (____) _____

Additional information about this person: _____

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

(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 (\$)																																															

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<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.																																																															
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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.

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.

Law Enforcement Department _____

State _____

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? ☐ Yes OR ☐ No

Victim's FTC complaint number (if available): _____

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