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:	First	M. I.II.	Last		Leave (3) blank until
(2)	My date of birth:			Last	Suffix	you provide this form to someone with
(3)	My Social Security num	ber:				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					police station or sending the form
	Number & Street	Name		Apartment, S	uite, 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)	My daytime phone: ()	mm/yyyy			
()	My evening phone: (
	My email:					
At t	he Time of the Frau	ıd				
(8)	My full legal name was:					Skip (8) - (10) if your
(-)	My full legal name was:	First	Middle	Last	Suffix	information has not
(9)	My address was:	Number & Stree	t Name	Apartme	ent, Suite, etc.	changed since the fraud.
	City	State	Zip Code		Country	
(10)	My daytime phone: (ening 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.

Victim	's Na	ıme				Phone number	()	Page 2
Abo	out `	You (th	e vict	tim) (Conti	nued)			
Decl	arat	ions						
(11)	I	□ did	OR	□ did not	obtain mone	y, credit, loans,	name or personal goods, or services ed in this report.	
(12)	I	□ did	OR	☐ did not	•	, •	services, or other bed in this report.	oenefit as a
(13)	I	□am	OR	□ am not	•		forcement if charge ommitted the frau	•
Abou	ut t	he Fra	ud					_
(14)	do	cuments ud.	to ope	en new accou	,	nation or identi kisting accounts	fication , or commit other	(14): Enter what you know about anyone you believe was involved
		Name:	First	: umber & Street	Middle	Last	Suffix	(even if you don't have complete information).
			N	umber & Street	Name	Apar	tment, Suite, etc.	
			City		State	Zip Code	Country	
	Phone		Numbe	ers: ()		_ ()		
		Addition	nal info	ormation abo	ut this person:			

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 can If you are under 16 and don a copy of your official school acceptable. Proof of residency during was made, or the other expenses.	d 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.
Λbσ	out the Information (ov Assounts	
(17)	The following personal infebirth) in my credit report i	ormation (like my name, address, Social Security numb is inaccurate as a result of this identity theft:	er, or date of
	(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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Below are details about the different frauds committed using my personal information. (19)

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
Account Type: ☐ Credit ☐ Governn	□Bank □Phone/Utilitienent Benefits □Internet		her
Select ONE: ☐ This account was o ☐ This was an existing	pened fraudulently. g account that someone ta	ımpered with.	
Date Opened or Misused (mm/	yyyy) Date Discovered (mm	/yyyy) Total Amo	ount Obtained (\$)
Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
Account Type: □ Credit □ Governn	☐Bank ☐Phone/Utilitienent Benefits ☐Internet		her
Select ONE: ☐ This account was c☐ This was an existing	ppened fraudulently. g account that someone ta	ımpered with.	
Date Opened or Misused (mm/	yyyy) Date Discovered (mm	/yyyy) Total Amo	ount Obtained (\$)
Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
Select ONE: ☐ This account was c	nent Benefits 🔲 Internet	or Email	her
Date Opened or Misused (mm/			ount Obtained (\$)

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two aud at ıny, npany ng ation wo rately.

son: ou whom ator out this

mber: er of bank an, or unt isused.

cate hief nisuse nation ou the

ained: e, nount with the card or withdrawn from the account.

You	r Law Enforcement F	Report	
(20)	related information from appetent detailed law enforcement ran Identity Theft Report by office, along with your suppyour signature and complet important to get your repoperson or get a copy of the	porting agency to quickly block identity theft- opearing on your credit report is to submit a report ("Identity Theft Report"). You can obtain 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 art 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.	1 *
	I filed an automated below.	any law enforcement report. I report with the law enforcement agency listed person with the law enforcement	Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a
Law E	nforcement Department	State	face-to-face interview with a law enforcement officer.
Repor	rt Number	Filing Date (mm/dd/yyyy)	
Office	er's Name (please print)	Officer's Signature	_
Badge	e Number	Phone Number	
Did th	ne victim receive a copy of th	e report from the law enforcement officer?]Yes OR □No
Victim	n's FTC complaint number (if	available):	

Victim	ı's Name	Phone number ()	Page 6
S:-			
	nature	e IN THE PRESENCE OF a law enforcement officer,	a notary or
-	ness.	envirue incer,	a notary, or
(21)	this complaint is true, complaint or the infor law enforcement ager understand that know	est of my knowledge and belief, all of the information on correct, and complete and made in good faith. I understant mation it contains may be made available to federal, state cies for such action within their jurisdiction as they deen ingly making any false or fraudulent statement or represente federal, state, or local criminal statutes, and may result.	and that this e, and/or local n appropriate. I entation to the
Signa	ture	Date Signed (mm/dd/yyyy)	
Vou	ır Affidavit		
(22)	Theft Affidavit to prov you are not responsib that you submit differe should also check to s	o file a report with law enforcement, you may use this for to each of the companies where the thief misused you e for the fraud. While many companies accept this affidatent forms. Check with each company to see if it accepts the each it requires notarization. If so, sign in the presence of one witness (non-relative) sign that you completed and so	r information that vit, others require this form. You a notary. If it
Nota	ry		
Witn	ess:		
Signat	ture	Printed Name	
Date		Telephone Number	