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.

	out You (the vict	im)					
Now	<i>I</i>					1(0) 1.11	
(1)	My full legal name:					Leave (3) blank until you	
,		First		Last	Suffix	provide this	
(2)	My date of birth:					form to someone with	
		mm/dd/yyyy				a legitimate	
(3)	My Social Security	business need,					
(4)	My driver's license:	like when you are filing your					
(')	my arred a neerice.	State	Number			report at the	
(5)	My current street a	ddress:				police station	
(0)	wy danoni direct e	iddicoo.				or sending the form	
	Number & Stre	eet Name		Apartment	Apartment, Suite, etc. to a credi		
			, .p.a	Cano, oto.	reporting		
	City	State	Zip Code		Country	agency to correct your	
(0)	•		·		Country	credit report.	
(6)	I have lived at this	address since	mm/yyyy				
(7)	My daytime phone: ()						
(-)	My evening phone: ()						
	My email:	,					
	iviy email.						
At tl	ne Time of the Fr	aud					
(0)	My full logal page y					Skip (8) - (10)	
(8)	My full legal name w	as: First	Middle	Last	Suffix	if your information	
4-5					Gamz	has not	
(9)	My address was:			changed since the fraud.			
	Number & Street Name Apartment, Suite, etc.						
	City	State	Zip Code		Country		
(10)	My daytime 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.

Abo	ut	You (t	he vi	ictim) (Co	ntinued)			
Decla	ara	tions						
(11)	I	□ did	OR	□ did not	obtain mone	ey, credit, loans,	name or personal ir goods, or services ribed in this report	— or for any
(12)	I	□ did	OR	□ did not			, services, or other bed in this report.	benefit as a
(13)	I	□ am	OR	□ am not	•		orcement if charges o committed the fra	•
Abou	ut t	he Fra	ud					
(14)	do					formation or ide	entification ts, or commit other	(14): Enter what you know about anyone you believe
		Name:	Firs		Middle	Last	Suffix	was involved (even if you don't have
		Address	S: No	umber & Stree	t Name	Apart	ment, Suite, etc.	complete information).
			City		State	Zip Code	Country	
	Phone Numbers: () ()				-			
	Additional information about this person:							

 Victim's Name
 ______ Phone number (____)
 ______ Page 2

Victim	's Name	Phone number ()	Page 3
(15)		the crime (for example, how the identity ur information or which documents or	(14) and (15): Attach additional sheets as needed.
Dod	cumentation		
(16)	I can verify my identity with t	hese documents:	(16): Reminder: Attach copies
Ε	driver's license, state-issued If you are under 16 and dor	n't have a photo-ID, a copy of your birth our official school record showing your	of your identity documents when sending this form to creditors and credit reporting
	loan was made, or the other	e time the disputed charges occurred, the event took place (for example, a copy of a y name, a utility bill, or an insurance bill).	agencies.
Abo	out the Information or <i>i</i>	Accounts	
(17)	or date of birth) in my credit	mation (like my name, address, Social Secureport is inaccurate as a result of this identity	theft:
(18)		ompanies appear on my credit report as a re	
	Company Name:		
	Company Name:		
	Company Name:		

100	ır Law Enforcemen	t Report		
(20)	related information from a detailed law enforcement lidentity Theft Report by ta office, along with your sup your signature and completimportant to get your reportant to get a copy of the	poorting agency to quickly bloopearing on your credit report eport ("Identity Theft Report king this form to your local laporting documentation. Askete the rest of the information transport, whether or not you official law enforcement reporting agencies.	ort is to submit a t"). You can obtain an aw enforcement an officer to witness in in this section. It's ou are able to file in port. Attach a copy of	(20): Check "I have not" if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable" if you tried to file a report but law enforcement refused to take it.
	□ I was unable to fi □ I filed an automa listed below. □ I filed my rep	law enforcement report. le any law enforcement reted report with the law entort in person with the ler and agency listed belower.	forcement agency	Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a
Law I	Enforcement Department		State	face-to-face interview with a law enforcement officer.
Repo	rt Number	Filing Date (mm/dd/yyyy)		
Office	er's Name (please print)	Officer's Signature		
		()		

 Victim's Name
 ______ Phone number (_____)
 Page 4

Victim's Name		Phone number ()	Page 5			
Sig	nature					
	oplicable, sign and date <i>l</i> ry, or a witness.	N THE PRESENCE OF a law enforcement of	officer, a			
(21)						
Signa	ature	Date Signed (mm/dd/yyyy)				
Υοι	ır 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. Please have one witness (non-relative) sign that you completed and signed this Affidavit.					
Witne	ess:					
Signature		Printed Name				
 Date		Telephone Number				