



# 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](http://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: \_\_\_\_\_

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(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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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 (\$)	

(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.*