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| **Date Filed** | **Police Department** | **Report Number** |
|  |  |  |

**IDENTITY THEFT COMPLAINT**



Office of the Indiana Attorney General

(R5 / 2-18)

*INSTRUCTIONS*: 1. To prevent delay, please be sure to complete this form in full. Please print clearly or type.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 1: Your Information | | | | |
| Salutation  Mr. Mrs. Ms. Dr. Miss Rev. | | | Email Address | |
| Full Name | | | Driver’s License Number | Expiration Date |
| Address | | | Date of Birth (*mm/dd/yyyy*) | Social Security Number (SSN) |
| City | | State | You may refuse to provide your SSN and will not be penalized. However, disclosing your SSN will assist our Office in investigating your complaint and working with law enforcement.  If you do provide your SSN, by signing this form you expressly consent to the disclosure of your SSN for investigative purposes in accordance with Indiana Code § 4-1-10-5(2). | |
| County | | Zip Code |
| Daytime Phone | Evening Phone | |

|  |  |
| --- | --- |
| Section 2 Financial Information | |
| Yes No | 2-A. Have you contacted your financial institution(s) to report the alleged ID theft? |
|  | 2-B. If yes, which financial institutions have you contacted? |
| Yes No | 2-C. Has your financial institution refunded your money for the fraudulent purchases? |

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| Section 3 Law Enforcement Information | |
| Yes No | 3-A. Have you filed a police report? |
|  | 3-B. If yes, please complete information below. |

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| --- | --- | --- |
| Section 4: Crime Details | | |
|  | 4-A. What date did you become aware of the crime? | |
| 4-B: How did you become aware of the identity crime? Please answer questions below. | | |
| Found fraudulent transaction(s) on my credit card(s). Which one(s)? | |  |
| Contacted by creditor, or received bills for account I did not open. Which one(s)? | |  |
| Denied credit or a loan. Where? | |  |
| Was arrested, had a warrant or complaint filed in my name and I was not aware of it. Where? | |  |
| IRS notice or message that someone else used my SSN. | |  |

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ACCOUNTS AFFECTED BY CRIME

|  |  |  |  |
| --- | --- | --- | --- |
| Fraudulent Account Opened | | | |
| Company or Organization: | | | |
| Date Fraud Began | Date Fraud was Discovered | Total Amount of Fraud | Fraudulent Account Number |
|  |  |  |  |
| Fraudulent Account Opened | | | |
| Company or Organization: | | | |
| Date Fraud Began | Date Fraud was Discovered | Total Amount of Fraud | Fraudulent Account Number |
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| Date Fraud Began | Date Fraud was Discovered | Total Amount of Fraud | Fraudulent Account Number |
|  |  |  |  |
| Fraudulent Account Opened | | | |
| Company or Organization: | | | |
| Date Fraud Began | Date Fraud was Discovered | Total Amount of Fraud | Fraudulent Account Number |
|  |  |  |  |

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| --- | --- |
| Section 4: Crime Details - *continued* | |
| Contacted by creditor demanding payment on debt that is not mine. Which one(s)? |  |
| Was denied employment. Where? |  |
| Irregularities on my credit report |  |
| Other |  |

Section 5 ID Theft Complaint Summary – (*be specific*)

|  |  |
| --- | --- |
| Section 6 Credit Report Information | |
| Yes No | 6-A. Have you requested a credit report from any of the three credit reporting agencies? |
|  | 6-B. If yes, please check which ones Equifax Experian TransUnion  Please attach complete copies of the reports to this form. A credit report will assist you in determining how many fraudulent accounts may have been opened using your information. It will also improve our ability to investigate your case. You can order your free credit report by calling 1-877-322-8228 or going to o [www.annualcreditreport.com](http://www.annualcreditreport.com) |

Section 7 WHAT HAPPENS NEXT? WHAT ELSE SHOULD I DO? Section 8 Mail Completed Forms to:

This office will investigate your complaint, assist you in addressing problems caused by the identity theft, and work with law enforcement to hold the thief accountable, but the office represents the State of Indiana and is strictly limited in what remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In additional to filing this complaint, you should contact a private attorney or a small claims court.

Office of the Indiana Attorney General Consumer Protection Division Government Center South, 5th Floor

302 W. Washington Street

Indianapolis, IN 46204

317-232-6330 (phone)  317-233-4393 (fax)

[www.IndianaConsumer.com/idtheft](http://www.indianaconsumer.com/idtheft)

|  |
| --- |
| Section 9 Consent and Verification |
| |  |  |  | | --- | --- | --- | | Do you consent to disclosing the following information to the public? | 🡺 | Yes  No The fact that you filed this complaint  Yes  No Your name  Yes  No Your phone number |   I affirm, under the penalties for perjury, that the foregoing representations, and those in all attachments that were prepared by me, are true. The information I have provided in this complaint form is based upon my personal knowledge. I consent to the release of any relevant information to the Identity Theft Unit. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2). By filing this complaint, I understand that the Attorney General is not my private attorney, but enforces state consumer protection laws. I also agree to assist in the investigation and understand that I may be called to testify in court to the facts stated in this complaint.   |  |  |  | | --- | --- | --- | |  |  |  | | Your signature |  | Date | |