



IDENTITY THEFT COMPLAINT FORM

Office of the Indiana Attorney General

1. Your Information			
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		Email	
Name		Driver's License Number	Expiration Date
Address:		Date of Birth (mm/dd/yyyy)	Social Security Number (SSN)
City	Zip	<p>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.</p> <p>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).</p>	
County	State		
Daytime Phone	Evening Phone		

2. Financial Institution Information	
Have you contacted your financial Institution(s) to report the alleged ID Theft? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which financial institutions have you contacted?	
Has your financial institution refunded your money for the fraudulent purchases? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Law Enforcement Information			
Have you filed a police report? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes:	Date filed	Police Department	Report Number

4. Crime Details	
What date did you first become aware of the crime?	
How did you become aware of the identity crime?	
<input type="checkbox"/>	Found fraudulent transactions on my credit card. Which one(s)?
<input type="checkbox"/>	Contacted by creditor or received bills for account I did not open. Which one(s)?
<input type="checkbox"/>	Denied credit or a loan. Where?
<input type="checkbox"/>	Was arrested, had a warrant or complaint filed in my name that I was not aware of. Where?
<input type="checkbox"/>	IRS notice or message that someone else used my SSN.
<input type="checkbox"/>	Was denied employment. Where?
<input type="checkbox"/>	Contacted by creditor demanding payment on debt that is not mine. Which one(s)?
<input type="checkbox"/>	Irregularities on my credit report
<input type="checkbox"/>	Other:

For Office Use Only

Ind	Prac	OA	Inv	Sec

PL PP EDA NJ NL

5. Identity Theft Complaint Summary

Please provide a summary of your identity theft complaint. Please list all fraudulent activity that you are aware of and the dates, times, locations and addresses where fraudulent applications or purchases were made (retailers, banks, etc.) List events in chronological order, if possible. Please be concise and state the facts. You may attach a separate sheet if additional space is needed. (The space below is limited to 3,110 characters)

6. Credit Report Information

Have you requested a credit report from each of the three credit reporting agencies Yes No

If yes, please check all that you have requested a report from: 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 www.annualcreditreport.com

7. Consent

Do you consent to disclosing the following information to the public?

The fact that you filed this complaint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your telephone number	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: This complaint form must be printed, signed and mailed to the address indicated in the lower right corner.

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

WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

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 addition to filing this complaint, you should contact a private attorney or a small claims court.

MAIL COMPLETED FORM TO:

Attorney General Greg Zoeller
Attn: Consumer Protection Division
Government Center South, Fifth Floor
302 W. Washington Street
Indianapolis, IN 46204-277
Toll Free: (800) 382-5516
Fax: (317) 233-4393
www.indianaconsumer.com/idtheft