

# Office of Privacy Protection



Safeguarding Information for Your Future

Wis. Stats. §§ 93.06, 100.20

## Identity Theft Complaint

**1. How do we contact you? Please complete form using ink.**

Name: (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(circle one) (first) (middle) (last)

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Best time: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (i.e., anyone @myisp.com)

Social Security Number: \_\_\_\_\_ (optional) Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Age: \_\_\_\_\_

### Information about your complaint.

**2. ID Theft occurs when someone uses your name and/or other identifying information for their personal gain. Please check the types of ID theft you were a victim of: (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Credit Cards or Debit Cards  | <input type="checkbox"/> Securities or Other Investments  |
| <input type="checkbox"/> Checking or Savings Accounts | <input type="checkbox"/> Internet or E-mail               |
| <input type="checkbox"/> Loans                        | <input type="checkbox"/> Government Documents or Benefits |
| <input type="checkbox"/> Phone or Utilities           | <input type="checkbox"/> Other (please specify) _____     |

**3. Did suspect use the Internet to open the account or purchase the goods or services: (circle one) No Yes Unknown**

**4. Were your accounts taken over to fraudulently obtain goods or services: (circle one) No Yes Unknown**

**5. Was your personal information used to obtain new accounts or services in your name: (circle one) No Yes Unknown**

### Details of the Identity Theft.

**6. When did you notice that you might be a victim of identity theft? \_\_\_\_\_ (MM/DD/YY)**

**7. When did identity theft first occur? (i.e., when was first account opened?) \_\_\_\_\_ (MM/DD/YY)**

**8. How many accounts were opened or accessed? \_\_\_\_\_**  
(credit cards, loans, bank accounts, cellular phone accounts, etc.)

**9. How much money, if any, have you had to pay as a result of the theft? \_\_\_\_\_**

**10. How much money, if any, did the identity thief obtain from companies in your name? \_\_\_\_\_**

**11. How much loss, if any, have you recovered prior to filing your complaint? \_\_\_\_\_**

**12. What other problems, if any, have you experienced as a result of the identity theft? (check all that apply)**

- No other harm suffered
- Civil suit filed or Judgment entered against you
- Criminal investigation, Arrest or Conviction
- Denied credit or other financial services
- Denied employment or loss of job
- Harassed by debt collector or creditor
- Other (describe in comments below)
- Time lost to resolve problems (specify amount in comments below)
- Reputation harm

**13. How did the thief obtain your personal information?**

- |                                      |  |                                     |  |   |
|--------------------------------------|--|-------------------------------------|--|---|
| <input type="checkbox"/> Data Breach | <input type="checkbox"/> Family member | <input type="checkbox"/> Mail Theft | <input type="checkbox"/> Lost wallet/purse | <input type="checkbox"/> Internet or E-mail |
| <input type="checkbox"/> Robbery     | <input type="checkbox"/> Phishing      | <input type="checkbox"/> Unknown    | <input type="checkbox"/> Other: _____      |   |

### 14. The Identity Thief.

Please provide any information you may have about the identity thief, including his or her name, and any addresses or phone numbers the identity thief may have used.

Name: (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(circle one) (first) (middle) (last)

Phone Number: ( ) \_\_\_\_\_ (circle type, if known) Home Work Cell

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship to the identity thief: \_\_\_\_\_

### 15. Contacts.

Please indicate which of the following steps, if any, you have already taken to deal with the identity theft.

For which of the following credit bureaus, have you: *(check all that apply)*

	Equifax	Experian	Trans Union	Other	None
Called to report the fraud?					
Put a "fraud alert" or "freeze" on your report?					
Ordered your credit report?					
Problem with Credit Bureau?					

Have you filed this complaint with any other agencies? *(Please list them)* \_\_\_\_\_

Have you contacted the police? *(circle one)* Yes No

If yes, please provide the following information: Date: \_\_\_\_\_ (MM/DD/YYYY) Time: \_\_\_\_\_

Police department name: \_\_\_\_\_ Name of Investigating Officer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Police Report Number: *(if known)* \_\_\_\_\_

### 16. Problems with Companies

Do you have any problems with the companies, credit bureaus, or organizations you are dealing with concerning your identity theft problems? If so, identify each company, credit bureau, or organization, provide its location and/or telephone number, if you have it, and tell us briefly what the problem is. **NOTE:** if you checked the problem box for any of the three credit bureaus in the section above, please include those credit bureaus here.

#### COMPANY 1

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of person you talked to: \_\_\_\_\_ Title: \_\_\_\_\_

Did you contact the business about your complaint? \_\_\_\_\_ Yes \_\_\_\_\_ No When? \_\_\_\_\_ What happened? \_\_\_\_\_

Have you sent written notifications to this company? \_\_\_\_\_ Yes \_\_\_\_\_ No What happened? \_\_\_\_\_

**COMPANY 2**

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of person you talked to: \_\_\_\_\_ Title: \_\_\_\_\_

Did you contact the business about your complaint? \_\_\_\_\_ Yes \_\_\_\_\_ No When? \_\_\_\_\_ What happened? \_\_\_\_\_

Have you sent written notifications to this company? \_\_\_\_\_ Yes \_\_\_\_\_ No What happened? \_\_\_\_\_

**COMPANY 3**

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of person you talked to: \_\_\_\_\_ Title: \_\_\_\_\_

Did you contact the business about your complaint? \_\_\_\_\_ Yes \_\_\_\_\_ No When? \_\_\_\_\_ What happened? \_\_\_\_\_

Have you sent written notifications to this company? \_\_\_\_\_ Yes \_\_\_\_\_ No What happened? \_\_\_\_\_

**COMPANY 4**

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of person you talked to: \_\_\_\_\_ Title: \_\_\_\_\_

Did you contact the business about your complaint? \_\_\_\_\_ Yes \_\_\_\_\_ No When? \_\_\_\_\_ What happened? \_\_\_\_\_

Have you sent written notifications to this company? \_\_\_\_\_ Yes \_\_\_\_\_ No What happened? \_\_\_\_\_

**17. Describe your complaint in detail.**

Please give us information about the identity theft, including, but not limited to, how the theft occurred, who may be responsible for the theft, and what actions you have taken since the theft. Please include a list of companies where fraudulent accounts were established or your current accounts were affected. Please attach additional pages as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

