

Greenville Police Department

Identity Theft Victim's Complaint and Affidavit

Incident Number: _____



Please complete the attached forms and return the completed forms to the Greenville Police Department. The forms will be evaluated once returned. If there is sufficient information to conduct an investigation, a police report will be completed at that time and assigned to an investigator. If this packet is not returned to the Greenville Police Department along with the required information, no report will be generated. If it is determined the Greenville Police Department is not the appropriate agency to investigate your case, or does not have the jurisdiction, then the complaint form will be forwarded to the appropriate agency.

3000 Lee Street,
Greenville, Texas 75401
Phone: 903-457-2900
Greenville PD
greenvillepd@ci.greenville.tx.us

Identity Theft Self-Reporting Packet

Directions:

Do not sign the forms until you are with a notary.

There are three (3) options to return the Identity Theft Self-Reporting forms to the Greenville Police Department:

1. Print and complete the Identity Theft Self-Reporting forms. Bring the forms to the Records Lobby at 3000 Lee Street at the Police and Courts Building to have an Officer notarize your signature on the form.
2. Print and complete the Identity Theft Self-Reporting forms. Have a notary notarize your signature on the forms. Scan & email the forms to the following email address:
greenvillepd@ci.greenville.tx.us
3. Print and complete the Identity Theft Self-Reporting forms. Have a notary notarize your signature on the forms. Remit the forms to the following address:

Greenville Police Department
Records Office
P.O. Box 1049
Greenville, TX 75401

Victim Name

Incident Number

**Greenville Police Department
Identity Theft Victim's Complaint and Affidavit**

The theft of your identity can be an overwhelming and frustrating experience. We have prepared this packet to assist you in repairing your identity; ensuring you are not held responsible for debts incurred by the suspect; prevent the suspect from continuing to use your identity and preparing your case for investigation.

WE RECOGNIZE SOME VICTIMS ARE INTERESTED SPECIFICALLY IN CORRECTING THEIR CREDIT AND DO NOT NECESSARILY DESIRE PROSECUTION; WE REQUIRE YOU SUBMIT THIS PACKET TO THE GREENVILLE POLICE DEPARTMENT ONLY IF YOU WANT THE CASE INVESTIGATED AND PROSECUTED. IF YOU DETERMINE YOU DO NOT WANT THE CASE PROSECUTED AFTER YOU HAVE TURNED IN THIS PACKET, PLEASE INFORM US. IT IS IMPORTANT TO KNOW REGARDLESS IF YOUR CASE IS INVESTIGATED OR IF THE SUSPECT IS OR IS NOT IDENTIFIED, IT WILL NOT AFFECT YOUR ABILITY TO CORRECT THE FRAUDULENT ACCOUNTS AND REMOVE THEM FROM YOUR CREDIT. IF THIS PACKET IS NOT FILLED OUT COMPLETELY AND ACCURATELY WITH THE NECESSARY INFORMATION, YOUR CASE MAY NOT BE INVESTIGATED.

Place a fraud alert(s) on your credit reports, and review the reports for signs of fraud

Equifax Consumer Fraud Division 800-525-6285 PO Box 740256 Atlanta, GA 30374	Tran Union Fraud Victim Assistance Dept. 800-6807289 PO Box 6790 Fullerton, CA 92834	Experian -National Consumer Assist 888-397-3742 PO Box 9530 Allen, TX 75013
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- Close the accounts that you know, or believe, have been tampered with or opened fraudulently.
- Contact your bank and/or creditors and inform them that you have filed a police report and an officer may be contacting them for information related to the investigation.
- Keep a copy of all documents and information you receive for your records. .

 Victim Name

 Incident Number

The final three pages of this packet is a Request for Fraudulent Transaction/Account Information. We have included this because it **MAY** help you, and the investigator, receive information from creditors about your compromised or fraudulent accounts. Included with this request, is a copy of Section 609(e) (5 U.S.C. § 1681g(e)) of the Fair credit reporting Act.

Please complete the Request for Fraudulent Transaction/Account information form, listing your information in the "From" section and each creditor's information in the "To" section. After completing the form, you may send it, your police report number, the documentation to prove your identity and the copy of Section 609(e) (15 U.S.C. § 1681g (e)) of the Fair credit reporting Act to each individual creditor. This **MAY** help you in getting cooperation from the creditors.

IF YOUR EXISTING ACCOUNTS WERE COMPROMISED, please obtain the following types of documents:

1. Bank statements or bills showing where the transaction occurred.
 - a. Circle or underline the fraudulent transactions.
 - b. Do not use a highlighter as it may make the copies illegible.
 - c. Please try to obtain an actual address of the transaction location along with the dates and times of transactions.
2. Bills from companies for ordered merchandise:
 - a. Address (s) where the items were delivered.
 - b. Phone numbers associated with the order
 - c. E-mail addresses associated with the order
3. Any information from the creditor that shows how or where the account was used.
4. The name and phone number of any business representatives that you contact during this process.
5. Any relevant checking, credit card and account numbers.

IF NEW ACCOUNTS WERE OBTAINED USING YOUR IDENTITY, please obtain the following types of documents:

1. Bank statements for any accounts fraudulently obtained with your identity.
2. Credit Reports showing the fraudulent accounts. Circle or underline the fraudulent accounts (do not use highlighters)
3. Bills from utility companies, cell phone, cable companies for fraudulently opened accounts in your identity.
4. Any communication from creditors or businesses that contain any of the following:
 - a. Copies of applications for credit
 - b. How the account was opened (phone, mail, in person, internet)
 - c. If opened in person, where was the account opened.
 - d. Addresses or locations where the transactions occurred.
 - e. Address(s) where any cards, bills, merchandise or other correspondence were mailed or delivered.
5. The name and phone number of any business representatives that you contact during this process.
6. Any relevant checking, Credit card and account numbers.

Victim Name

Incident Number

Current Information: please write legibly.

1. Full legal name: _____
 2. Preferred name: _____
 3. Date of birth (mm/day/year): _____
 4. Social security number: _____
 5. Driver's license number/State Identification: _____
 6. Current Address: _____
 7. How long have you lived at this residence: _____
 8. Cell phone number: _____
- Home phone number: _____

Victim Name _____

Incident Number _____

Skip Questions 9 through 11 if your information has not changed since the fraud

At the time of the fraud:

9. Full legal name was: _____

10. My address was: _____

11. My cell phone was: _____

My home phone was: _____

For questions 12 through 15 check the box that correctly answers the question.

12. I Did **or** did not, Authorize anyone to use any name or personal information to obtain money, credit, loans, goods, or services (or for any purpose) as described in this report.

13. I did **or** did not receive any money, goods, services, or other benefit as a result of the events described in this report.

14. I am **or** am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

15. I have **or** have not been reimbursed any money that was lost during the fraud or had any debts resolved that accrued due to the fraud.

For questions 16 please confirm yes to the questions by checking the box provided.

16. I can verify my identity with these documents: valid government-issued photo identification card, driver’s license, or passport.

Proof of residency during the time the disputed charges occurred, the loan was made, or other events took place, such as a rental agreement/lease in my name, utility bill, insurance bill or other similar transaction.

17. I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: _____

Address: _____

Street Number

Street Name

Apartment

City

State

Zip Code

Country

Phone numbers: _____

Cell phone

Home

Work

Victim Name

Incident Number

Additional information known about the person:

Vehicle description including license plate: _____

Email address: _____

Social media used and user names: _____

18. Additional information about the crime: how did the identify thief gain access to your information or which documents or information were used?

19. The following personal information in my credit report is inaccurate as a result of identity theft. (Example: social security number, date of birth, etc.....)

- A. _____
- B. _____
- C. _____

20. Credit inquiries from these companies appear on my credit report as a result of identity theft.

- Company name: _____
- Company name: _____
- Company name: _____

Victim Name _____

Incident Number _____

21. Below are details about the different frauds committed using my personal information. Please complete the applicable fields: (copy this page and attach additional sheets if needed)

 Name of institution or business Contact person phone extension

 Account/card number routing number check number(s)

Account Type: Credit Bank phone/Utilities Loan
 Government Benefit Internet or Email Other

Select ONE:

- This account was opened fraudulently
- This was an existing account that someone tampered with.

 Date opened/ misused (mm/day/year) Date Discovered (mm/day/year) Amount of loss (\$)

 Name of institution or business Contact person phone extension

 Account/card number routing number check number(s)

Account Type: Credit Bank phone/Utilities Loan
 Government Benefit Internet or Email Other

Select ONE:

- This account was opened fraudulently
- This was an existing account that someone tampered with.

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Victim Name

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Select ONE:

- This account was opened fraudulently
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Date opened/ misused (mm/day/year) Date Discovered (mm/day/year) Amount of loss (\$)

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Select ONE:

- This account was opened fraudulently
- This was an existing account that someone tampered with.

Date opened/ misused (mm/day/year) Date Discovered (mm/day/year) Amount of loss (\$)

Victim Name

Incident Number

When this packet is completed and you are ready to turn it in to the police:

You will sign on the signature line in the presence of a police officer, or notary

22. I certify that, to the best of my knowledge and belief, all the information on and attached to this complaint is true, complete, and made in good faith. I understand that the complaint or the information it contains may be made available to federal, state, and/or the 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 (mm/day/year)

Notary or Peace Officer