



# Office of Privacy Protection

Safeguarding Information for Your Future

## Identity Theft

1. How do we contact you? Please complete form using ink. (Wis. Stats. §§ 93.06, 100.20)

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

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

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: \_\_\_\_\_

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

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

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)

Credit Cards or Debit Cards     Phone or Utilities     Government Documents or Benefits

Checking or Savings Accounts     Securities or Other Investments     Other: \_\_\_\_\_

Loans     Internet or E-mail

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

Time lost to resolve problems: (specify amount) \_\_\_\_\_

Reputation harm

Other: \_\_\_\_\_

13. How did the thief obtain your personal information?

Data Breach     Family member     Mail Theft     Lost wallet/purse     Internet or E-mail

Robbery     Phishing     Unknown     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: \_\_\_\_\_ Apt.# \_\_\_\_\_ PO Box: \_\_\_\_\_

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 another agency? (circle one) No Yes Agency name: \_\_\_\_\_

What happened? \_\_\_\_\_

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

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 know) \_\_\_\_\_

**16. Problems with businesses**

Do you have any problems with the businesses, credit bureaus, or organizations you are dealing with concerning your identity theft problems? If so, identify each business, 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 business: \_\_\_\_\_

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

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

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

Did you contact the business about your complaint? (circle one) No Yes If yes, date? \_\_\_\_\_

What happened? \_\_\_\_\_

Have you sent written notifications to this business? (circle one) No Yes If yes, date? \_\_\_\_\_

What happened? \_\_\_\_\_

**COMPANY 2**

Name of business: \_\_\_\_\_

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

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

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

Did you contact the business about your complaint? (circle one) No Yes If yes, date? \_\_\_\_\_

What happened? \_\_\_\_\_

Have you sent written notifications to this business? (circle one) No Yes If yes, date? \_\_\_\_\_

What happened? \_\_\_\_\_

**COMPANY 3**

Name of business: \_\_\_\_\_

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

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

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

Did you contact the business about your complaint? (circle one) No Yes If yes, date? \_\_\_\_\_

What happened? \_\_\_\_\_

Have you sent written notifications to this business? (circle one) No Yes If yes, date? \_\_\_\_\_

What happened? \_\_\_\_\_

**COMPANY 4**

Name of business: \_\_\_\_\_

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

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

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

Did you contact the business about your complaint? (circle one) No Yes If yes, date? \_\_\_\_\_

What happened? \_\_\_\_\_

Have you sent written notifications to this business? (circle one) No Yes If yes, date? \_\_\_\_\_

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.

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