



Identity Theft Reporting Packet
Complete within 30 days

Please review the entire Identity Theft Information Packet
(www.ci.wheatridge.co.us/documentcenter/view/24632) prior to completing this form

CR# \_\_\_\_\_

Victim Full Legal Name \_\_\_\_\_
Last First Middle

Legal Name at Time of Occurrence \_\_\_\_\_
Last First Middle

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_
Month / Day / Year

Driver's License or Identification Card Number \_\_\_\_\_ State \_\_\_\_\_

Other States I Have Had Identification Issued From \_\_\_\_\_

Current Address \_\_\_\_\_
Street Number City State Zip

I Have Lived at this Residence Since \_\_\_\_\_
Month / Year

Phone Numbers \_\_\_\_\_
Daytime Evening Cell

Email Address \_\_\_\_\_

Address When the Events Occurred \_\_\_\_\_
(If different than current address) Street Number City State Zip

I Lived at this Address From \_\_\_\_\_ to \_\_\_\_\_
Month / Year Month / Year

Types of Identity Theft You Have Experienced (Check All That Apply)

- Credit Cards, Checking or Savings Accounts, Loans, Phone or Utilities, Securities or Other Investments, Internet or Email, Government Documents or Benefits, Employment, Other

DETAILS OF IDENTITY THEFT

Did you authorize anyone to use your name, personal information or financial information to obtain cash, credit, property, services or any other thing of value or to make a financial payment? Yes No

If yes, list the name, date of birth and relationship of those authorized:

Table with 3 columns: Name, Date of Birth, Relationship

Did you receive any benefit, money, goods or services as a result of the events described?  Yes  No

Your personal or financial information documents (for example checks, credit cards, driver's license, social security card, etc.) were:  lost  stolen on or about \_\_\_\_\_.

*Month / Day / Year*

Neither, they are still in my possession.

When did you notice you might be a victim of identity theft?

*Month / Day / Year*

When did the identity theft occur (i.e. first account opened)?

*Month / Day / Year*

How many accounts (credit cards / loans / bank accounts / phone accounts / etc.) were opened or accessed? \_\_\_\_\_

How much money, if any, have you had to pay? \$ \_\_\_\_\_

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

**HOW DID THE IDENTITY THIEF OBTAIN YOUR PERSONAL INFORMATION?**

- Burglary or break in
- Financial or employment records compromised / pretexting
- Had access through a relationship with victim
- Internet – solicitation, purchase or hacking
- Mail theft or fraudulent address change
- Telephone solicitation
- Wallet or purse containing ID lost or stolen
- Other \_\_\_\_\_

**WHAT OTHER PROBLEMS, IF ANY, HAVE YOU EXPERIENCED AS A RESULT OF THE IDENTITY THEFT?**

- No other harm suffered
- Civil suit filed or judgement entered against you
- Criminal investigation, arrest or conviction
- Denied credit or other financial services
- Denied employment or loss of job
- Harassed by debit collector or creditor
- Time lost to resolve problems *(describe and specify amount)* \_\_\_\_\_
- Other *(describe)* \_\_\_\_\_

**SUSPECT INFORMATION**

Do you suspect or know who is responsible for the theft and transactions?  Yes  No

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

Additional Information \_\_\_\_\_

**SUSPECT INFORMATION (Continued)**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_  
Additional Information \_\_\_\_\_

**INACCURATE INFORMATION ON CREDIT REPORT (Other than accounts)**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Social Security # \_\_\_\_\_ Other \_\_\_\_\_

Please indicate which of the following steps, if any, you have already taken to deal with the identity theft with the following credit bureaus (check all that apply):

- |                                  |                                  |                                   |                                     |                                |                               |
|----------------------------------|----------------------------------|-----------------------------------|-------------------------------------|--------------------------------|-------------------------------|
| Called to report the fraud       | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> TransUnion | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Put a fraud alert on your report | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> TransUnion | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Ordered a credit report          | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> TransUnion | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| Problem with credit bureau?      | <input type="checkbox"/> Equifax | <input type="checkbox"/> Experian | <input type="checkbox"/> TransUnion | <input type="checkbox"/> Other | <input type="checkbox"/> None |

**COMPANIES THAT REQUESTED YOUR CREDIT REPORT WITHOUT YOUR KNOWLEDGE**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**BANK / CREDIT CARD ACCOUNT INFORMATION**

Name of Bank \_\_\_\_\_  
Compromised Account Number \_\_\_\_\_  
Address of Your Branch \_\_\_\_\_  
Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_  
Type of Account     Checking     Savings     Credit Card     Other \_\_\_\_\_

\*Provide copies of bank/credit card statements with this packet  
\*\*If checks were forged, provide copies of fraudulent checks (front and back)

**BANK / CREDIT CARD ACCOUNT INFORMATION (Continued)**

Name of Bank \_\_\_\_\_

Compromised Account Number \_\_\_\_\_

Address of Your Branch \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Account     Checking     Savings     Credit Card     Other \_\_\_\_\_

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Compromised Account Number \_\_\_\_\_

Address of Your Branch \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Account     Checking     Savings     Credit Card     Other \_\_\_\_\_

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Compromised Account Number \_\_\_\_\_

Address of Your Branch \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Account     Checking     Savings     Credit Card     Other \_\_\_\_\_

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Compromised Account Number \_\_\_\_\_

Address of Your Branch \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Account     Checking     Savings     Credit Card     Other \_\_\_\_\_

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**BANK / CREDIT CARD ACCOUNT INFORMATION (Continued)**

Name of Bank \_\_\_\_\_

Compromised Account Number \_\_\_\_\_

Address of Your Branch \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Account     Checking     Savings     Credit Card     Other \_\_\_\_\_

\*Provide copies of bank/credit card statements with this packet

\*\*If checks were forged, provide copies of fraudulent checks (front and back)

**CONTACT LOG**

List companies / organizations where fraudulent accounts were established or your current accounts were affected.

**Company Name** \_\_\_\_\_ **Acct #** \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone / Fax / Email \_\_\_\_\_

Type of Account \_\_\_\_\_  
Credit Card, Checking / Savings Account, Loan, Phone / Utilities, Securities / Investment, Internet, Email, Government Documents, Benefits, Other

Date Issued or Misused \_\_\_\_\_  
Month / Day / Year

Amount Thief Obtained    \$ \_\_\_\_\_    Credit Limit    \$ \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Acct #** \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone / Fax / Email \_\_\_\_\_

Type of Account \_\_\_\_\_  
Credit Card, Checking / Savings Account, Loan, Phone / Utilities, Securities / Investment, Internet, Email, Government Documents, Benefits, Other

Date Issued or Misused \_\_\_\_\_  
Month / Day / Year

Amount Thief Obtained    \$ \_\_\_\_\_    Credit Limit    \$ \_\_\_\_\_

**CONTACT LOG (Continued)**

**Company Name** \_\_\_\_\_ **Acct #** \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone / Fax / Email \_\_\_\_\_

Type of Account \_\_\_\_\_  
*Credit Card, Checking / Savings Account, Loan, Phone / Utilities, Securities / Investment, Internet, Email, Government Documents, Benefits, Other*

Date Issued or Misused \_\_\_\_\_

Amount Thief Obtained \$ \_\_\_\_\_ *Month / Day / Year* Credit Limit \$ \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Acct #** \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone / Fax / Email \_\_\_\_\_

Type of Account \_\_\_\_\_  
*Credit Card, Checking / Savings Account, Loan, Phone / Utilities, Securities / Investment, Internet, Email, Government Documents, Benefits, Other*

Date Issued or Misused \_\_\_\_\_

Amount Thief Obtained \$ \_\_\_\_\_ *Month / Day / Year* Credit Limit \$ \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Acct #** \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone / Fax / Email \_\_\_\_\_

Type of Account \_\_\_\_\_  
*Credit Card, Checking / Savings Account, Loan, Phone / Utilities, Securities / Investment, Internet, Email, Government Documents, Benefits, Other*

Date Issued or Misused \_\_\_\_\_

Amount Thief Obtained \$ \_\_\_\_\_ *Month / Day / Year* Credit Limit \$ \_\_\_\_\_

**CONTACT LOG (Continued)**

**Company Name** \_\_\_\_\_ **Acct #** \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone / Fax / Email \_\_\_\_\_

Type of Account \_\_\_\_\_  
Credit Card, Checking / Savings Account, Loan, Phone / Utilities, Securities / Investment, Internet, Email, Government Documents, Benefits, Other

Date Issued or Misused \_\_\_\_\_

Amount Thief Obtained \$ \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_  
Month / Day / Year

**EMPLOYERS WHERE PERSONAL INFORMATION WAS MISUSED**

**Employer Name** \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment, From \_\_\_\_\_ To \_\_\_\_\_

Information that was Misused     Social Security Number     Name     Date of Birth

Other (Describe) \_\_\_\_\_

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**Employer Name** \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment, From \_\_\_\_\_ To \_\_\_\_\_

Information that was Misused     Social Security Number     Name     Date of Birth

Other (Describe) \_\_\_\_\_

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**EMPLOYERS WHERE PERSONAL INFORMATION WAS MISUSED (Continued)**

**Employer Name** \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Contact  
Person \_\_\_\_\_

Phone \_\_\_\_\_

Dates of Employment, From \_\_\_\_\_

To \_\_\_\_\_

Information that was Misused

Social Security Number

Name

Date of Birth

Other (Describe) \_\_\_\_\_

*Describe the identity theft, including, but not limited to how the theft occurred, how you learned about the theft, who may be responsible and what actions you have taken since the theft. Please briefly describe any problems you have had with companies / employers involved.*

Are you willing to assist in the investigation and prosecution of the offender(s)?

Yes

No

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*