

IDENTITY THEFT INCIDENT DETAIL FORM

Fill out this form and return it to the East Jordan Police Department with all relevant documentation pertaining to your Identity Theft complaint.

EJPD REPORT #: _____

DATE FILLED OUT: _____

Your Full Name: _____

Address (including P.O. Box, and any other address you receive mail at): _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____

Driver's License Number: ____/____/____/____/____ State: _____

E-Mail Address(es): _____

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

What is the best time / place to reach you? _____

IDENTITY THEFT QUESTIONS

1. How did you become aware of the identity crime? (Contacted by bank, credit company, credit statement, etc.) _____

2. What date did you first become aware of the identity crime? _____

4. Are you aware of any of your documents being stolen, copied or passwords compromised (i.e. stolen mail, credit cards, lost wallet, suspicious internet transactions) ?:

5. Please list your authorized credit cards. Place an asterisk (*) by accounts that have fraudulent charges on them:

Company Name

Account Number

6. Please list all of the banks that you have accounts or loans with. Place an asterisk (*) by accounts that have fraudulent charges on them.

Bank Name	Type of account (checking , savings, pension , etc.)	Account Number
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7. Please list all of the utility companies that you have accounts with. Place an asterisk (*) by accounts that have fraudulent charges on them.

Company Name

Account Number

8. Please list all telephone, Internet and other companies that you do business with on a regular basis. Place an asterisk (*) by the accounts that have fraudulent charges on them:

Company Name

Account Number

9. To the best of your knowledge, what identity crimes have been committed? (Check all that apply)

Purchase(s) made using my credit card(s) or credit card number(s) without my authorization.

Opening new credit card account(s) in my name

Opening utility and/or telephone account(s) in my name.

Unauthorized withdrawals from my bank account.

Opening new bank account(s) in my name.

Taking out unauthorized loan(s) in my name.

Unauthorized access to my securities or investment account(s).

Obtaining government benefit(s) in my name.

Obtaining employment in my name.

Obtaining medical service(s) or insurance benefit(s) in my name.

Evading prosecution for crime(s) by using my name.

Check fraud using my name.

Passport / visa fraud.

Other: _____

10. Please explain in as much detail as possible for any checked box from above:

11. Retracing your actions in recent months with regard to your personal information will assist in the investigation. What circumstances and activities have occurred in the last six months (include activities performed by you and on your behalf by a member of your family or friends) ? (Check all that apply)

- I carried my Social Security card in my wallet or purse.
- I carried bank account password(s), PIN(s), or code(s) in my wallet or purse.
- I gave out my Social Security number--- To whom?:_____
- My mail, wallet, or purse was stolen or lost--- When, where?_____
- My mail was held at a post office or collected by another.
- I went on vacation or traveling—When, where ?_____
- I didn't receive a bill--- Type of bill, when expected?_____
- I sent a payment that wasn't received.
- Service people were in my home.
- My garbage was taken by someone other than garbage company.
- Credit cards and /or ATM receipts were discarded, but not shredded.
- I made a mail order or telephone purchase—Method of payment?_____
- A charitable donation was made.
- I won a prize
- I completed a membership application.
- I applied for a loan, credit, etc.
- I leased and/or rented a vehicle etc.
- I opened a utility account.
- I applied for a license, permit, etc.
- My personal information was given to someone.
- Other reasons that might explain the identity theft._____

12. Please explain in as much detail as possible, the circumstances of any checked item from above:

continued on next page

13. Is your Social Security number or Driver's license number printed on your checks? Yes No. If yes, list retailers' names where checks have been tendered:

14. Have you written your Social Security number or Driver's license number on any checks in the last six months? Yes No. If yes, list retailer's names where checks have been tendered:

15. Do you own a business that may be affected by the identity crime? Yes No. If yes name of business:

16. Do you have any ideas of who may have committed the identity crime? Yes No. If yes who?:

17. How do you think the identity theft occurred?:

18. Please list any fraudulent documents obtained in your name:

19. have you contacted the following organizations and requested a "Fraud Alert " be put on your account?

- Your bank/creditors Date Notified:_____
- Equifax (800) 525-6285 _____
- TransUnion (800) 680-7289 _____
- Experian (888) 397-3742 _____
- Federal Trade Commission <http://www.ftc.gov/idtheft/> _____
- Others (Please list) : _____

19. Have you requested a copy of your credit history? Yes No. If yes, when?_____

I declare under penalty of law that the information I have provided is true and correct to the best of my knowledge.

(Signature)

(Date)

(Printed Name)

Make a copy of this document for your records. Knowingly submitting false information on this form could subject you to criminal prosecution.

Information regarding the prevention of identity theft crimes is available from the Michigan Attorney Generals Office at:
<http://www.Michigan.gov/ag/01607,7-164-80479-,00.html>

The information collected in this packet is for official law enforcement use only. Authorization for use of this information is subject to written revocation at anytime.

SAMPLE DISPUTE LETTER

Date

Name of Company
Address
City, State, Zip Code

Re: Your Name:
Your Address, City, State, Zip Code
Complaint Department

Dear Sir or Madam:

I am writing to dispute the following information in my file. I have circled the items in dispute on the attached copy of the report I received.

The item(s) (*identify items disputed by name of source: creditors or tax court. Also identify type of item: credit account, judgment, etc*) is inaccurate or incomplete because (*describe what is inaccurate or incomplete and why*). I am requesting that the item be removed (*or request another specific change*) to correct the information.

Enclosed are copies of (*use this sentence if applicable and describe any enclosed documentation, such as police report, ID Theft Affidavit, payment records or court documents*) supporting my position. Please reinvestigate this or these matter(s) and delete or correct the disputed item(s) as soon as possible.

Pursuant to FACTA, as a victim of identity theft I am also requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be mailed to me at the address listed above. In addition, please make these records available to the East Jordan Police Department , P.O. Box 499 , East Jordan Michigan 49727, Fax number (231) 536-0791.

Sincerely ,

Your name

Enclosed: (List everything you are enclosing)

SAMPLE DISPUTE LETTER FOR EXISTING ACCOUNTS

Date

**Name of Company
Address
City, State, Zip Code**

**Re: Your Name
Your Address, City, State, Zip Code
Complaint Department**

Dear Sir or Madam:

I am writing to dispute a fraudulent charge or debit on my account in the amount of \$_____. I am a victim of Identity theft and I did not generate this charge or debit. I am requesting that the charge is removed or debit be reinstated and that any finance or other charges related to the fraudulent amount be credited. I also request that I receive an accurate statement.

Enclosed are copies of (*use this sentence to describe any enclosed information: police report, Identity Theft Affidavit, etc.*) supporting any position. Please investigate this matter and correct the fraudulent charge or debit as soon as possible.

Pursuant to FACTA, as a victim of identity theft I am also requesting that you provide me with copies of any and all applications and business transactions records related to the fraudulent account(s). The copies of the records can be mailed to me at the address listed above. In addition, please make these records available to the East Jordan Police Department, P.O. Box 499, East Jordan Michigan 49727, Fax number (231) 536-0791.

Sincerely,

Your name

Enclosed: (List everything you are enclosing)