

MAYOR
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STAMFORD POLICE DEPARTMENT
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CHIEF OF POLICE
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STEPHEN MALONEY

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DR. REVEREND ROBERT PERRY

Identity theft is the fastest growing crime in America. You must **immediately** report any suspected Identity Theft or Credit Card Fraud to one of the major credit reporting agencies, either online or by telephone. Choose one of the three agencies listed below and as they now share a common data base.

1. Equifax: 800-525-6285 or www.equifax.com
2. Experian: 888-397-3742 or www.experian.com
3. TransUnion: 800-860-7289 or www.transunion.com

- PLEASE COMPLETE THE ATTACHED THREE (3) PAGE COMPLAINT.
- YOU NEED TO SUPPLY ALL THE INFORMATION REQUESTED.
- DUE TO THE VOLUME OF COMPLAINTS THE CASES WITH THE MOST SOLVABILITY ARE GIVEN PRIORITY.
- INCOMPLETE COMPLAINTS MAY PLACE YOUR COMPLAINT IN A LOWER SOLVABILITY BRACKET.

STAMFORD POLICE DEPARTMENT
IDENTITY THEFT COMPLAINT

THREE (3) PAGES TO BE COMPLETED BY COMPLAINANT

Incident # _____ Incident Code **26C**

Complainant Information

Last Name, First, Middle Sex Race Date of Birth Social Security Number

Driver's License Number – State

Alien Registration Number – Country of Origin

Alias Name(s), Maiden name, Previous Marriage name(s), Professional names

Home address (Number, Street, City, State, Zip) How long?

Previous Home address (Number, Street, City, State, Zip) What years?

Home address (Number, Street, City, State, Zip) What years?

Employer Name & Address (Number, Street, City, State, Zip) How long?

Previous Employer Name & Address (Number, Street, City, State, Zip) What years?

Home Phone (with Area Code) Business Phone Cell Phone

Email Address

NATURE OF COMPLAINT

Check appropriate circle

- False application in your name
- Additional name added to your credit/debit account
- Account takeover, fraudulent change of address with Financial Institution
- Internet Use / Fraud
- Mail/Phone order of merchandise
- Other: _____

STAMFORD POLICE DEPARTMENT
IDENTITY THEFT COMPLAINT
THREE (3) PAGES TO BE COMPLETED BY COMPLAINANT

Incident # _____ **Incident Code 26C**

KNOWN FRAUD ACCOUNTS

Please list all account names & numbers that were opened without your knowledge or consent.

Financial Institution or Credit Card Company – Telephone Number & Contact Person - Account Number

Financial Institution or Credit Card Company – Telephone Number & Contact Person - Account Number

Financial Institution or Credit Card Company – Telephone Number & Contact Person - Account Number

Financial Institution or Credit Card Company - Telephone Number & Contact Person - Account Number

KNOWN FRAUD ADDRESSES

(Street Address, P.O. Box)

(City, State, Zip)

(Street Address, P.O. Box)

(City, State, Zip)

(Street Address, P.O. Box)

(City, State, Zip)

Possible Suspect Information

Last, First, Middle

Sex

Race

Date of Birth

Home Address (Number, Street, City State, Zip)

Business Address (Number, Street, City, State, Zip)

Home Telephone (with Area Code)

Business Phone

Cell Phone

STAMFORD POLICE DEPARTMENT
IDENTITY THEFT COMPLAINT

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Incident # _____ **Incident Code 26C**

CHECK ALL THAT APPLIES

- I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.
- I did not receive any benefit, money, goods or services as a result of the events described in this report.
- My identification documents were: stolen lost on or about _____
I reported this to: _____
Police Department Name Location Report Number
- I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.
- I AM AM NOT willing to assist in the investigation and the eventual prosecution of the person(s) who committed this fraud.
- I HAVE HAVE NOT reported the events described in this complaint to the another police department or other law enforcement agency. The police or other law enforcement agency DID DID NOT write a report. *In the event that you have contacted another police or law enforcement agency please complete the following:*

Name of Police Dept. or Agency	Date Reported	Report Number
Name of Police Dept. or Agency	Date Reported	Report Number

Additional information that would assist in the investigation:

Complainant's Signature _____ Date _____

Police Officer Accepting Report/employee # _____ Reviewed by Supervisor/employee # _____