



# Darien Police Department

25 Hecker Avenue  
Darien, CT 06820-5398  
Tel: (203) 662-5300 Fax: (203) 662-5344

Incident #: \_\_\_\_ -- \_\_\_\_

Date: \_\_\_\_\_

## Identity Theft Complaint

*To be completed by complainant:*

Complainant: \_\_\_\_\_ Sex: M F D.O.B.: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### Nature of Complaint:

- 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 (explain): \_\_\_\_\_

### Known Fraudulent Accounts:

Financial Institution/Credit Card Company: \_\_\_\_\_

Contact Person, Telephone #: \_\_\_\_\_

Account #: \_\_\_\_\_

Financial Institution/Credit Card Company: \_\_\_\_\_

Contact Person, Telephone #: \_\_\_\_\_

Account #: \_\_\_\_\_

### Known Fraudulent Addresses:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Possible Suspect Information:

Name: \_\_\_\_\_ Sex: M F D.O.B.: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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 (circle):   stolen   lost
- I have previously reported this to (Police Department/ Agency): \_\_\_\_\_
- 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 willing to assist in the investigation and the eventual prosecution of the person(s) who committed this fraud.
- I have not reported the events described in this complaint to another police department or other law enforcement agency.

Additional Comments:

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Complainant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*Department Use Only*

*Provide Complainant with a photocopy of this signed report and a DPD Identity Theft Informational Brochure (page 3).*

Officer: \_\_\_\_\_

Badge #: \_\_\_\_\_

Officer Comments: \_\_\_\_\_

Reviewed by Supervisor: \_\_\_\_\_