



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: lost stolen
(applies only if the **actual** physical documents were lost/stolen)
- 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.

Synopsis of Incident:

Complainant's Signature: _____ Date: _____

Department Use Only

Officer _____ Badge # _____ Comments: _____

Evidence of local criminal activity? Yes No

If No, Complainant advised that this form is for reporting purposes only. DPD, however, will assist agencies with investigative jurisdiction, if required.

Reviewed by Supervisor: _____