

**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?*

\_\_\_\_\_  
*Previous 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: \_\_\_\_\_

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**KNOWN FRAUDULENT 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 FRAUDULENT 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*

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CHECK ALL THAT APPLY

- ☐ 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 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 #