

**City of Lafayette Police Department
Identity Theft Counter Report**

3675 Mt. Diablo Blvd, Suite # 130
Lafayette, CA 94549
Office: (925) 283-3680 / Dispatch (24hr) (925) 284-5010

For Office Use Only:	Rev. 5/13
Reviewed By: _____	
DR# _____	Date: _____



Before you complete this form:
1. Place a fraud alert on your credit reports and review the reports for fraud.
2. Close the accounts that you know, or believe to have been tampered with or opened fraudulently.

About You (the victim):

- 1. My full legal name: (L/F/M): _____
- 2. My date of birth: (mm/dd/yy): _____
- 3. My Social Security number: _____ - _____ - _____
- 4. My driver's license: State: _____ Number: _____
- 5. My current address: _____

- 6. My daytime phone: (_____) _____
My evening phone: (_____) _____
My email address: _____

At the Time of the Fraud:

- 7. My full legal name was (L/F/M): _____
- 8. My address was: _____

Declarations:

- 9. I did OR did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services-or for any other purpose- as described in this report.
- 10. I did OR did not receive any money, goods, services, or other benefit as a result of the events described in this report.
- 11. I am OR am not willing to work with law enforcement if charges are brought against the person or persons who committed this fraud.

About the Fraud:

12. I believe the following person or persons used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: _____
Address: _____
Phone Numbers: (_____) _____ (_____) _____

Name: _____
Address: _____
Phone Numbers: (_____) _____ (_____) _____

13. Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company name: _____
Company name: _____
Company name: _____
Company name: _____

14. Below are details about the different frauds committed using my personal information (if there were more than three frauds, make additional copies of this page and complete):

Name of Institution: _____
Contact Person: _____ Phone Number: (_____) _____ Ext: _____
Account Number: _____ Routing Number: _____
Affected Check Number(s): _____
Account Type: Credit Bank Phone/Utilities Loan Government Benefits Internet or Email
Other: _____

Select ONE:

- This account was opened fraudulently.
- This was an existing account that someone tampered with.

Date Opened or Misused: _____ Date Discovered: _____ Total Amount obtained: _____

Name of Institution: _____
Contact Person: _____ Phone Number: (_____) _____ Ext: _____
Account Number: _____ Routing Number: _____
Affected Check Number(s): _____
Account Type: Credit Bank Phone/Utilities Loan Government Benefits Internet or Email
Other: _____

Select ONE:

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Select ONE:

- This account was opened fraudulently.
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Date Opened or Misused: _____ Date Discovered: _____ Total Amount obtained: _____

Is there any other information that you believe would aid the police in solving this crime ?

Signature (sign and date IN THE PRESENCE OF a law enforcement officer):

I certify that, to the best of my knowledge and belief, all the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statements or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment or both.

Signature: _____ Date: _____

Print Name: _____