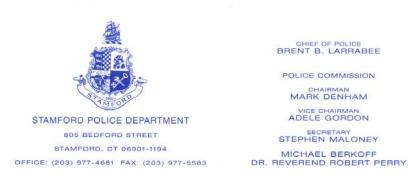
MAYOR DANNEL P. MALLOY



CHIEF OF POLICE BRENT B. LARRABEE POLICE COMMISSION MARK DENHAM VICE CHAIRMAN ADELE GORDON SECRETARY STEPHEN MALONEY

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 SOLVABILTY BRACKET.

STAMFORD POLICE DEPARTMENT IDENTITY THEFT COMPLAINT

THREE (3) PAGES TO BE COMPLETED BY COMPLAINANT

Incident #		Incident Code 26C					
<u>Complainant Information</u>							
Last N	lame, First, Middle Sex	Race Date of Birth	n Social Security Number				
Driver'	's License Number – State						
Alien R	Registration Number – Country	y of Origin					
Alias N	Jame(s), Maiden name, Previo	pus Marriage name(s), P	Professional names				
Home o	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?				
 Previoi	us Employer Name & Address	(Number, Street, City, S	State, Zip) What years?				
Home I	Phone (with Area Code)	Business Phone	Cell Phone				
——— Email A	Address						
	<u>N</u>	NATURE OF COM Check appropriate					
0 0 0 0	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		
KNOV Please list all account names & num	VN FRAUD ACCO bers that were opened		
Financial Institution or Credit Card Com	pany – Telephone Numb	per & Contact Person - Account Number	
Financial Institution or Credit Card Comp	pany – Telephone Numb	per & Contact Person - Account Number	
Financial Institution or Credit Card Com	pany – Telephone Numb	per & Contact Person - Account Number	
	pany - Telephone Numb	er & Contact Person - Account Number	
KNOW	N FRAUD ADDR	<u>ESSES</u>	
(Street Address, P.O. Box)		(City, State, Zip)	
(Street Address, P.O. Box)		(City, State, Zip)	
(Street Address, P.O. Box)		(City, State, Zip)	
Possi	ble Suspect Inform	nation_	
Last, First, Middle	Sex Race	Date of Birth	
Home Address (Number, Street, City State	e, Zip)		
Business Address (Number, Street, City, S	tate, Zip)		
Home Telephone (with Area Code)	Business Phone	Cell Phone	

STAMFORD POLICE DEPARTMENT IDENTITY THEFT COMPLAINT

THREE (3) PAGES TO BE COMPLETED BY COMPLAINANT

Incident #		Incident Code 26C				
	<u>CHI</u>	ECK ALL THAT APPLIE	<u> </u>			
0	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.					
0	I did not receive any benefit, money, goods or services as a result of the events described in this report.					
0	My identification docume I reported this to:	ents were: []stolen []los partment Name Locate				
0	I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization.					
0	I []AM NOT willing to assist in the investigation and the eventual prosecution of the person(s) who committed this fraud.					
0	another police department law enforcement agency	t or other law enforcement [] DID [] DID NOT write	scribed in this complaint to the agency. The police or other te a report. <i>In the event that ent agency please complete</i>			
Name of Police Dept. or Agency		Date Reported	Report Number			
Name o	of Police Dept. or Agency	Date Reported	Report Number			
Addit	ional information that wo	uld assist in the investig	ation:			
Comp	lainant's Signature		Date			
Police	Officer Accepting Report	employee # Review	xed by Supervisor/employee #			