



WALLINGFORD POLICE DEPARTMENT

135 North Main Street
Wallingford, CT 06492
203-294-2800

IDENTITY THEFT/FRAUD REPORT

Case Number:	Date of Report: 	Time of Report: HRS
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INSTRUCTIONS: The complainant should complete the INCIDENT DETAILS section with as much information as available. **DO NOT sign this form until it is reviewed by the Desk Officer.**

INCIDENT DETAILS

Check appropriate box: Identity Theft (Personal identifying info stolen) or Fraud (Illegal use of Credit/Debit/Bank/SS#)

COMPLAINANT INFORMATION:

NAME: Last Name, First Name, MI	Date of Birth 	Sex	Race	Social Security Number
Address:	Town/City	State	Zip Code	
Driver's License/ID Number	Issuing State	Telephone Number () - Circle: Home Work Cell	Email Address:	

Check all that apply:

- I did not authorize anyone to use my name or personal information to seek 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 (For example: credit cards, birth certificate, driver's license, social security card, etc.) were:

- Stolen
- Lost
- Remained in my custody

What was compromised:

(check all that apply)

- Debit Card
- Credit Card

Debit/Credit Card Number (required): _____

- Check (business/personal)
- Bank Account

Bank Account Number (required): _____

- Social Security Number
- Other (explain)

Name of Financial Institution and type of card: _____
(example: Bank of America – Visa)

Did any of the unauthorized transaction(s) take place in Connecticut? Yes No Unknown

If Yes: List the city/town(s): _____

If No: List the state/country(s): _____

Name of businesses where the transaction(s) occurred: _____

Date(s) of transactions: _____

Was there a monetary loss: Yes No

If yes: Total dollar amount of **ALL** the unauthorized transaction(s): \$ _____

Have you received reimbursement for the unauthorized transaction(s): Yes No

Has the account been closed: Yes No

I DO NOT know who used my information or identification documents to get money, credit, loans, goods, or services without my knowledge or authorization.

To the best of my knowledge and belief, the following person(s) used my information or identification documents to get money, credit, loans, goods, or services without my knowledge or authorization:

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
Phone Number	Phone Number

DESCRIBE WHAT OCCURRED: (For example: description of fraud, which documents were used, how the suspect gained access to the information, etc.) **This information is what goes into the police report narrative – Be Specific!**

I, the above named complainant, report that my personal identification was used without my knowledge and consent, and/or financial transactions took place that I did not authorize. If a suspect is known, I would like the person responsible for the theft arrested and I will appear in court if necessary. I fully understand that if I make a statement which is untrue and which is intended to mislead a law enforcement official in the performance of their official function, I will be in violation of section 53a-157 of the Connecticut General Statutes, a class A misdemeanor and can be subjected to arrest.

Complainant's Signature

Subscribed and sworn to me this _____ day of _____, 20_____

Police Officer/Notary Public

OCA #	Message #	Officer Taking Complaint (Badge Number) :	
Follow up: (circle one) Yes or No	If follow up, assigned officer (badge number):	Date entered into LERMS: 	Entered by: