Identity Theft Complaint Form

Dallas Police Department – Financial Investigations Unit

I. Victim – Complete this section with your information.							
Name:							
Race: Sex:		Date of Birth:		SSN:			
Residence address:							
City:		State:	ZIP Code:		Phone	e:	
Business address:							
City: State:					ZIP Code:		
E-mail Address:					Alt. Phone:		
II. Notification - How and when did you learn of this offense?							
Explain:							
III. Offense Locatio	n – Whe	re was vour id	entifying ir	nformat	ion use	d?	
Type of location:		,	, ,				
Address:							
City: State:		ZI		ZIP Cod	e:	Phone:	
Was your information used online? Yes No		From what IP Address					
Was your information used by phone? Yes No			From what phone number?				
Date of Offense:				Surveillance Video Available? Yes No			
			all that ann		Surveillance		NO
IV. How was your information used? Check all that apply.							
To obtain credit/utilities	To open a bank account			During an arrest/citation			
Other - Explain:							
V. Witness – To whom was your information presented?							
Name:		T					
Race: Sex:		Date of Birth:		Phone:			
Residence Address:							
City: State:			ZIP Code:				
Title/Position: E-mail Address:							
VI. Suspect – Provide any information available							
Name:							
Race: Sex:		Date of Birth			Phone:		
Residence Address:							
City:		State:			ZIP Code:		
Identification Presented (number and ty		Can Witness identify Suspect? Yes No			No		
Distinguishing features:							
Vehicle Make: Model:		Color: Year:			License/State:		
VII. Narrative – Atta	ch addit	ional pages as	needed				
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