



Kalamazoo Public Safety ID Theft Complaint Packet

Victims Name _____ Phone number _____ KDPS Case Number: _____

VICTIM INFORMATION

(1) My full legal name is _____ (First, Middle, Last, Jr/Sr/III)

(2) (If different from above) When the events described in this affidavit took place, I was known as, _____ (First, Middle, Last, Jr Sr III)

(3) My date of birth is _____ (day/month/year)

(4) My Social Security number is _____

(5) My driver's license or identification card state and number are _____

(6) My current address is _____ City _____
State _____ Zip Code _____

(7) I have lived at this address since _____ (day/month/year)

(8) (If different from above) When the events described in this affidavit took place, my address was _____
City _____ State _____ Zip Code _____

(9) I lived at the address in Item 8 from (Month/Year) _____ until (Month/Year) _____

(10) Telephone Numbers where I may be contacted: Home _____ Cell: _____

Work: _____ Message Phone: _____ Email Address: _____

HOW FRAUD OCCURRED

Check all that apply for items 11 - 17:

(11) 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.

(12) I did not receive any benefit, money, goods or services as a result of the events described in this report.

(13) My identification documents (for example, credit cards; birth certificate; driver's license; Social Security card; etc.) were stolen/lost on or about _____ .

(14) To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization:

Name: _____ Address: _____

Phone Number(s): _____ Additional Information: _____

Name: _____ Address: _____

Phone Number(s): _____ Additional Information: _____

Name: _____ Address: _____

Phone Number(s): _____ Additional Information: _____



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

(16) Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.) _____

_____ (Attach additional pages as necessary.)

LAW ENFORCEMENT ACTIONS

(17) (check one) I am I am not, willing to assist in the prosecution of the person(s) who committed this fraud.

(18) (check one) I am I am not, authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.

(19) (check all that apply) I have have not, reported the events described in this affidavit to another law enforcement agency. The other agency did did not, write a report. In the event you have contacted other law enforcement agencies, please complete the following:

(Agency #1) _____ (Date of report)

(Report number) _____ (Agency phone number)

(Agency #1) _____ (Date of report)

(Report number) _____ (Agency phone number)

DOCUMENTATION CHECKLIST

Please indicate the supporting documentation you are able to provide. Attach copies (NOT originals) to the affidavit before sending it to the companies.

(20) A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.

(21) Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a copy of an insurance bill). (Officer/Agency personnel taking report) (Officer/Agency personnel taking report)

(22) A copy of the report you filed with the police or sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company.

(23) Copies of Credit Report

(24) Copies of Bills, account information, Internet Posting, Credit Card Bills, or other documentation from false accounts. **(These documents are pertinent to conduct a complete investigation. Without these, we may not be able to proceed with an investigation)**



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I declare that as a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at without my knowledge, permission or authorization using my personal information or identifying documents:

Fraudulent Account Statement

Creditor Name/Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized credit/goods/services provided by creditor (if known)	Date issued or opened (if known)	Amount/Value provided (the amount charged or the cost of the goods/services)

CERTIFICATION OF TRUTH



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I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit 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 statement or representation to the government may constitute a violation of MCL 750.411A1(A) or (B) or other federal, state, or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

(Signature)

(Date)

(Printed Name)

Notary
[This affidavit/document must be notarized by a Notary Public. A Notary is available from 8:00am-4:00pm at the Records window at Kalamazoo Public Safety]

Date Signed

Witness:

(Signature)

(Date)

(Printed Name)

(Telephone Number)



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KALAMAZOO PUBLIC SAFETY AUTHORIZATION of Release of Information FORM

I am currently involved in a criminal investigation with the Kalamazoo Public Safety Department. Information from your company or organization is necessary for this investigation. I hereby authorize use or disclosure of protected information about myself and/or account information associated with me as described below.

1. The following organization or class of persons is authorized to make the requested use or disclosure AND receive this disclosure.

Kalamazoo Public Safety
150 E. Crosstown Pkwy., Ste. A
Kalamazoo, MI 49001

2. The specific information that should be disclosed is: (please include account numbers if available)

3. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

4. I may revoke this authorization by notifying Criminal Investigation Division Command in writing of my desire to revoke it. Written revocation must be submitted to Kalamazoo Public Safety at: 150 E. Crosstown Pkwy., Ste. A, Kalamazoo, MI 49001. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the provider, company or other involved entity to whom this authorization is furnished may not condition service for me on whether or not I sign the authorization.

5. This authorization expires;

The Adjudication or Final Disposition of this case.

On the date of _____.

Upon occurrence of the following event that relates to me or to the purpose of the intended use of disclosure of information about me: _____.

6. I give my permission and hereby authorize use or disclosure of information about myself, or the account associated with me, as described above freely and voluntarily. I have not been coerced or threatened in any manner. No promises have been made to cause this grant of permission. I know that I am not required by law to give permission and that the results of the above information may be used as evidence in court proceedings.

Shaded areas MUST be filled in by the person about whom the information relates

Print Name clearly:
(The person about whom the information relates)

Signature

Date:

Address:
--OR--

Date of Birth

Telephone:

Signature of Guardian/Personal Representative/Advocate/ Authority to Act for Individual

Officer Obtaining Signature

Date:

The Federal Trade Commission (FTC), the nation's consumer protection agency, enforces the FCRA including this requirement, which is known as Section 609(e). Identity theft victims are entitled to ask businesses for a copy of transaction records. Victims can authorize law enforcement officers to get the records or ask that the business send a copy of the records directly to a law enforcement officer. **The businesses covered by the law must provide copies of these records, free of charge, within 30 days** of receiving the request for them in writing. This means that the law enforcement officials who ask for these records in writing may get them from your business without a subpoena, as long as they have the victim's authorization.