



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Bureau of Consumer Protection  
 2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911  
 Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058  
 Email: [DATCPHotline@wisconsin.gov](mailto:DATCPHotline@wisconsin.gov) Website: [datcp.wi.gov](http://datcp.wi.gov)

# IDENTITY THEFT

## 1. HOW DO WE CONTACT YOU?

FIRST NAME		MIDDLE INITIAL	LAST NAME		AGE
HOME PHONE ( ) -	WORK PHONE ( ) -	EXT.		CELL PHONE ( ) -	
Contact me between 8:00 A.M. and 4:00 P.M. at: <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> EMAIL					
ADDRESS STREET			APT. #	PO BOX	
CITY			STATE	ZIP	COUNTY

## INFORMATION ABOUT YOUR COMPLAINT

**2. ID Theft occurs when someone uses your name and/or other identifying information for their personal gain. Please check the types of ID theft you were a victim of: (Check all that apply)**

- Credit Cards or Debit Cards   
  Phone or Utilities   
  Government Documents or Benefits  
 Checking or Savings Accounts   
  Securities or Other Investments   
  Other:  
 Loans   
  Internet or E-mail

**3. Did the suspect use the internet to open the account or purchase the goods or services? (Check one)**  No  Yes  Unknown

**4. Were your accounts taken over to fraudulently obtain goods or services? (Check one)**  No  Yes  Unknown:

**5. Was your personal information used to obtain new accounts or services in your name? (Check one)**  No  Yes  Unknown

**6. When did you notice that you might be a victim of identity theft? Date (MM/DD/YY)**

**7. When did identity theft first occur? (i.e., when was first account opened?) Date (MM/DD/YY)**

**8. How many accounts were opened or accessed? (credit cards, loans, bank accounts, cellular phone accounts, etc.)**

**9. How much money, if any, have you had to pay as a result of the theft? \$**

**10. How much money, if any, did the identity thief obtain from companies in your name? \$**

**11. How much loss, if any, have you recovered prior to filing your complaint? \$**

**12. What other problems, if any, have you experienced as a result of the identity theft? (Check all that apply)**

- No other harm suffered   
  Denied credit or other financial services   
  Reputation harm  
 Civil suit filed or judgment entered against you   
  Denied employment or loss of job   
  Time lost to resolve problems:  
 Criminal investigation, arrest or conviction   
  Harassed by debt collector or creditor   
 (Specify amount)  
 Other:

**13. How did the thief obtain your personal information?**

- Data breach   
 Family member   
 Mail theft   
 Lost wallet/purse   
 Internet   
 Robbery   
 Phishing   
 Unknown  
 Other:

## 14. THE IDENTITY THIEF

Please provide any information you may have about the identity thief, including his or her name, and any addresses or phone numbers the identity thief may have used.

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME PHONE ( ) -	WORK PHONE ( ) -	EXT.		CELL PHONE ( ) -
ADDRESS STREET			APT. #	PO BOX
CITY			STATE	ZIP
E-MAIL ADDRESS			RELATIONSHIP TO THE IDENTITY THIEF	

**15. CONTACTS**

Please indicate which of the following steps, if any, you have already taken to deal with the identity theft.

**For which of the following credit reporting agencies, have you:** (Check all that apply)

STEPS TAKEN	Equifax	Experian	Trans Union	Other	None
Called to report the fraud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put a "fraud alert" or "freeze" on your report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordered your credit report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem with credit reporting agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Have you filed this complaint with another agency?** (Check one)  No  Yes **Agency name:****What happened?****Have you contacted the police?** (Check one)  No  Yes**If yes, please provide the following information:**

Date (MM/DD/YY)

Time

POLICE DEPARTMENT NAME

NAME OF INVESTIGATING OFFICER

COUNTY

ADDRESS STREET

CITY

STATE

ZIP

PHONE

EXT.

POLICE REPORT NUMBER: (If known)

**16. Problems with businesses**

Do you have any problems with the businesses, credit reporting agencies, or organizations you are dealing with concerning your identity theft problems? If so, identify each business, credit reporting agency or organization, provide its location and/or telephone number, if you have it, and tell us briefly what the problem is. **NOTE: if you checked the problem box for any of the three credit bureaus in the section above, please include those credit bureaus here.**

**COMPANY 1**

NAME OF BUSINESS

ADDRESS STREET

SUITE #

PO BOX

CITY

STATE

ZIP

COUNTY

NAME OF PERSON YOU TALKED TO

TITLE

PHONE

( ) -

Did you contact the business about your complaint? (Check one)  No  Yes If yes, date? (MM/DD/YY)

What happened?

Have you sent written notifications to this business? (Check one)  No  Yes If yes, date? (MM/DD/YY)

What happened?

**COMPANY 2**

NAME OF BUSINESS

ADDRESS STREET

SUITE #

PO BOX

CITY

STATE

ZIP

COUNTY

NAME OF PERSON YOU TALKED TO

TITLE

PHONE

( ) -

Did you contact the business about your complaint? (Check one)  No  Yes If yes, date? (MM/DD/YY)

What happened?

Have you sent written notifications to this business? (Check one)  No  Yes If yes, date? (MM/DD/YY)

What happened?

**COMPANY 3**

NAME OF BUSINESS

ADDRESS STREET

SUITE #

PO BOX

CITY

STATE

ZIP

COUNTY

NAME OF PERSON YOU TALKED TO

TITLE

PHONE

( ) -

Did you contact the business about your complaint? (Check one)  No  Yes If yes, date? (MM/DD/YY)

What happened?

Have you sent written notifications to this business? (Check one)  No  Yes If yes, date? (MM/DD/YY)

What happened?

<b>COMPANY 4</b>	NAME OF BUSINESS			
ADDRESS STREET		SUITE #	PO BOX	
CITY		STATE	ZIP	COUNTY
NAME OF PERSON YOU TALKED TO		TITLE	PHONE (     )     -	

Did you contact the business about your complaint? (Check one)  No  Yes If yes, date? (MM/DD/YY)

What happened?

Have you sent written notifications to this business? (Check one)  No  Yes If yes, date? (MM/DD/YY)

What happened?

**17. Describe your complaint in detail** Please give us information about the identity theft, including, but not limited to, how the theft occurred, who may be responsible for the theft, and what actions you have taken since the theft. Please include a list of companies where fraudulent accounts were established or your current accounts were affected. Please attach additional pages as needed.

**18. How do you feel your complaint should be resolved?** (Please be specific)

How did you hear about us/find us?  Presentation  Newspaper/Radio/TV  Referral (BBB, Legal Action, etc)  Internet  Other

By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Bureau of Consumer Protection at the Department of Agriculture, Trade and Consumer Protection about any and all matters connected with this complaint. This complaint and the information provided will be used in efforts to resolve the problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws.

In compliance with Wis. Stat. § 15.04(1)(m), the following notice is provided: This form is authorized by Wis. Stat. §§ 93.06(1)(a) and 93.07(2). Completing this form is voluntary. Personally identifiable information provided in this form is subject to Wisconsin's Public Records Law, Wis. Stat. §§ 19.31 to 19.37, and therefore might be released in response to a public records request. In responding to a public records request, DATCP will maintain the confidentiality of personally identifiable information provided in this form to extent permitted by law.

**All the information that I have provided in this form is true and accurate to the best of my knowledge.**

YOUR SIGNATURE PRINT NAME DATE

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

**MAIL this form and copies of your papers to:** **OR EMAIL this form: Fill in electronically and attach digital copies of your papers and send to:**  
Bureau of Consumer Protection [DATCPHotline@wisconsin.gov](mailto:DATCPHotline@wisconsin.gov)  
2811 Agriculture Drive  
PO Box 8911  
Madison WI 53708-8911