



Department of Agriculture, Trade and Consumer Protection

Identity Theft

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.

1. How do we contact you? Please complete form using ink. (Wis. Stats. §§ 93.06, 100.20)

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Age: _____

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 suspect use the internet to open the account or purchase the goods or services: (circle one) No Yes Unknown

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

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

Details of the Identity Theft

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

7. When did identity theft first occur? (i.e., when was first account opened?) (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

Civil suit filed or judgment entered against you

Criminal investigation, arrest or conviction

Denied credit or other financial services

Denied employment or loss of job

Harassed by debt collector or creditor

Time lost to resolve problems: (specify amount) _____

Reputation harm

Other: _____

13. How did the thief obtain your personal information?

Data Breach Family member Mail Theft Lost wallet/purse Internet or E-mail
 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.

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone Number: () _____ (circle type, if known) Home Work Cell

Address: _____ Apt.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

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)*

	Equifax	Experian	Trans Union	Other	None
Called to report the fraud?					
Put a "fraud alert" or "freeze" on your report?					
Ordered your credit report?					
Problem with Credit reporting agencies?					

Have you filed this complaint with another agency? (circle one) No Yes Agency name: _____

What happened? _____

Have you contacted the police? (circle one) No Yes

If yes, please provide the following information: Date: (MM/DD/YYYY) _____ Time: _____

Police department name: _____ Name of Investigating Officer: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: () _____ Police Report Number: (if know) _____

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 agencies, 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: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person you talked to: _____ Title: _____

Did you contact the business about your complaint? (circle one) No Yes If yes, date? _____

What happened? _____

Have you sent written notifications to this business? (circle one) No Yes If yes, date? _____

What happened? _____

COMPANY 2

Name of business: _____

Address: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ **Name of person**
you talked to: _____ Title: _____

Did you contact the business about your complaint? (circle one) No Yes If yes, date? _____

What happened? _____

Have you sent written notifications to this business? (circle one) No Yes If yes, date? _____

What happened? _____

COMPANY 3

Name of business: _____

Address: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ **Name of person**
you talked to: _____ Title: _____

Did you contact the business about your complaint? (circle one) No Yes If yes, date? _____

What happened? _____

Have you sent written notifications to this business? (circle one) No Yes If yes, date? _____

What happened? _____

COMPANY 4

Name of business: _____

Address: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ **Name of person**
you talked to: _____ Title: _____

Did you contact the business about your complaint? (circle one) No Yes If yes, date? _____

What happened? _____

Have you sent written notifications to this business? (circle one) No Yes If yes, date? _____

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)*

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. Under Wisconsin's Open Records Law, Wis. Stat. § 19.31, this complaint will be available for public review upon request. The department will maintain the confidentiality of personally identifiable information to the extent permitted by law.

The above information is true and accurate to the best of my knowledge.

Your signature: _____ Date: _____

Return this form with any documentation that supports your complaint to our office located at:

Bureau of Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911

EMAIL:
DATCPWisconsinPrivacy@wi.gov
WEBSITE: datcp.wi.gov

(800) 422-7128
FAX: (608) 224-4677
TTY: (608) 224-5058