



If you would like to file a complaint regarding Identity Theft, please complete and mail this form to:  
Attorney General's Office • Consumer Protection Unit • PO Box 899 • Jefferson City, MO 65102

### Information About Consumer

YOUR NAME \_\_\_\_\_  
First Last Mi

ADDRESS \_\_\_\_\_  
Street City State Zip County

E-MAIL \_\_\_\_\_

PRIMARY PHONE NO. ( ) - -

SECONDARY PHONE NO. ( ) - -

### Information About Complaint

HOW DID YOU BECOME AWARE OF THE IDENTITY CRIME?

- Found fraudulent charges on my credit card bill or my cell phone bill.
- Received bills for an account(s) I did not open.
- Found irregularities on my credit report.
- Was contacted by a creditor demanding payment.
- Was contacted by a bank's fraud department about charges.
- Was denied a loan or credit.
- Was arrested, had a warrant issued, or a complaint filed in my name for a crime I did not commit.
- Was sued for a debt I did not incur.
- Was not regularly receiving bills for a legitimate account.
- Was denied employment.
- Had my driver's license suspended for actions I did not commit.
- Received notice of a legal action I did not file, such as bankruptcy.
- Had my tax return rejected because someone filed in my name.
- Received a notice of a data breach in the mail or by email.
- Other

PLEASE EXPLAIN IN MORE DETAIL THE ITEM(S) YOU CHECKED ABOVE. You may attach a separate sheet of paper if you need more space.

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Information About Complaint (Con't)

WHAT DATE DID YOU FIRST BECOME AWARE OF THE IDENTITY CRIME?   /   / 2 0    
MM / DD / YYYY

WHEN DID THE FRAUDULENT ACTIVITY BEGIN?   /   / 2 0    
MM / DD / YYYY

WHAT IS THE FULL NAME, ADDRESS & OTHER IDENTIFYING INFORMATION THAT THE FRAUDULENT ACTIVITY WAS MADE UNDER?

Name     
First Middle Last

Address       
Street City State Zip County

PLEASE LIST ALL FRAUDULENT ACTIVITY THAT YOU ARE AWARE OF TO DATE, WITH THE LOCATIONS AND ADDRESSES OF WHERE THE FRAUDULENT APPLICATIONS OR PURCHASES WERE MADE. LIST IN CHRONOLOGICAL ORDER, IF POSSIBLE. PLEASE BE CONCISE AND STATE THE FACTS. You may attach copies of supporting documents/notes you have.

Multiple horizontal lines for listing fraudulent activity.





### Information About Complaint (Con't)

PLEASE LIST ANY GOVERNMENT DOCUMENTS FRAUDULENTLY OBTAINED IN YOUR NAME.  
(DRIVER'S LICENSES, SOCIAL SECURITY CARDS, ETC.)

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HAVE YOU CONTACTED THE FOLLOWING ORGANIZATIONS & REQUESTED A FRAUD ALERT TO BE PUT ON YOUR ACCOUNT? (Check all that apply.)

Equifax. Date? \_\_\_\_\_  TransUnion. Date? \_\_\_\_\_

Experian. Date? \_\_\_\_\_  Your bank(s). Names of bank(s): \_\_\_\_\_

Department of Motor Vehicles.  Social Security Administration

Other: \_\_\_\_\_

HAVE YOU REQUESTED A CREDIT FREEZE WITH A CREDIT REPORTING AGENCY?

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HAVE YOU REQUESTED A CREDIT REPORT FROM EACH OF THE THREE CREDIT BUREAUS? (Check all that apply.)

Equifax

TransUnion

Experian

If you have any reports, please attach a copy of each to this form.

**Please keep your original documents in a safe place. Send ONLY COPIES to the Attorney General's Office at this time.**

### Your Verification

**BY FILING THIS COMPLAINT, I UNDERSTAND THAT:**

The Attorney General is not my private attorney, but enforces state consumer protection laws; I would be willing to testify in court to the fact stated in this complaint; and In accordance with Missouri law, consumer complaints are "public records," subject to public disclosure upon request. My complaint, including my name, address and related documents, may be provided pursuant to a Sunshine Law request.

**I ATTEST TO THE ACCURACY OF STATEMENTS MADE IN THIS COMPLAINT:**

YOUR SIGNATURE \_\_\_\_\_ DATE   /   / 20

MM / DD / YYYY