ago.mo.gov 800-392-8222

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

| ADDRESS Street City State Zip County  E-MAIL  PRIMARY PHONE NO. ( ) )   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| ADDRESS Street City State Zip County  FIMARY PHONE NO.  CITY State Zip County  County |  |  |  |  |  |  |  |
| Street City State Zip County  PRIMARY PHONE NO. ( )   |  |  |  |  |  |  |  |
| 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.   |  |  |  |  |  |  |  |
| 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.   |  |  |  |  |  |  |  |
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| 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.   |  |  |  |  |  |  |  |
| Received bills for an account(s) I did not open.  Found irregularities on my credit report.   |  |  |  |  |  |  |  |
| 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 T   | HE IDENTITY CRIME?    | MM / DD/ YYYY         | 20                          |
|---|-----------------------|-----------------------|-----------------------------|
| WHEN DID THE FRAUDULENT ACTIVITY BEGIN?   | ///[<br>MM / DD/ YYYY | 20                    |                             |
| WHAT IS THE FULL NAME, ADDRESS & OTHER IDE  | NTIFYING INFORMATIO   | ON THAT THE FRAUDULEN | IT ACTIVITY WAS MADE UNDER? |
| Name First  | Middle                | Last                  |                             |
| AddressStreet   | City                  | State Z               | Zip County                  |
|   |                       |                       |                             |
| PLEASE LIST ALL FRAUDULENT ACTIVITY THAT YOU THE FRAUDULENT APPLICATIONS OR PURCHASES CONCISE AND STATE THE FACTS. You may attach cop | S WERE MADE. LIST IN  | CHRONOLOGICAL ORDER   |                             |
|   |                       |                       |                             |
|   |                       |                       |                             |
|   |                       |                       |                             |
|   |                       |                       |                             |
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|   |                       |                       |                             |
|   |                       |                       |                             |

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### **Information About Complaint (Con't)**

| TO THE BEST OF YOUR KNOWLEDGE AT THIS POINT,   | . MIN VE IDEVITIES COIVIES IN           | AVE DEEN COM   | AITTED2  |      |
|--|---|----------------|----------|------|
|  |   |                | MITTED:  |      |
| Making purchase(s) using my credit cards or cred   | uil card numbers without auti           | noriziation.   |          |      |
| Opening new credit card accounts in my name.   |   |                |          |      |
| Opening utility and/or telephone accounts in my r  |   |                |          |      |
| Unauthorized withdrawals from my bank account  | S.                                      |                |          |      |
| Opening new bank accounts in my name.  |   |                |          |      |
| Taking out unauthorized loans in my name.  |   |                |          |      |
| Unauthorized access to my securities or investme   | ent accounts.                           |                |          |      |
| Obtaining government benefits in my name.  |   |                |          |      |
| Obtaining employment in my name.   |   |                |          |      |
| Obtaining medical services or insurance in my na   |   |                |          |      |
| Evading prosecution for crimes committed by usi  | ng my name or committing n              | ew crimes unde | my name. |      |
| Check fraud.   |   |                |          |      |
| Passport/visa fraud.   |   |                |          |      |
| Filing a tax return in my name.  |   |                |          |      |
| Obtaining services or credit in my child or my fos   |   |                |          |      |
| Other (please explain)   |   |                |          |      |
| DO YOU HAVE ANY INFORMATION ON A SUSPECT I   |   |                |          |      |
| DO YOU HAVE ANY INFORMATION ON A SUSPECT II AS POSSIBLE ABOUT THE SUSPECT, INCLUDING THE Suspect's Name ${\text{First}}$ |   |                |          |      |
| AS POSSIBLE ABOUT THE SUSPECT, INCLUDING THE Suspect's Name First  | E SUSPECT'S FULL NAME, Ph               | HONE NUMBER    | AND ADDR | ESS. |
| AS POSSIBLE ABOUT THE SUSPECT, INCLUDING THE   | E SUSPECT'S FULL NAME, PH               | HONE NUMBER    |          |      |
| AS POSSIBLE ABOUT THE SUSPECT, INCLUDING THE Suspect's Name First  | E SUSPECT'S FULL NAME, Ph  Middle  City | HONE NUMBER    | AND ADDR | ESS. |
| AS POSSIBLE ABOUT THE SUSPECT, INCLUDING THE Suspect's Name First Address Street   | E SUSPECT'S FULL NAME, Ph  Middle  City | HONE NUMBER    | AND ADDR | ESS. |

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| <b>Information About</b>   | t Complaint (Con            | <b>'t</b> )   |                         |  |  |
|--|-----------------------------|---|-------------------------|--|--|
| PLEASE LIST ANY GOVERNME<br>(DRIVER'S LICENSES, SOCIAL SECT  |                             | ENTLY OBTAINED IN YOUR NAM  | E.                      |  |  |
|  |                             |   |                         |  |  |
|  |                             |   |                         |  |  |
| HAVE YOU CONTACTED THE FOLI<br>(Check all that apply.)   | LOWING ORGANIZATIONS & R    | EQUESTED A FRAUD ALERT TO BE P                                    | UT ON YOUR ACCOUNT?     |  |  |
| Equifax. Date?   |                             | TransUnion. Date?   |                         |  |  |
| Experian. Date?  |                             | Your bank(s). Names of bank                                       | k(s):                   |  |  |
| Department of Motor Vehic  | eles.                       | Social Security Administratio                                     | n                       |  |  |
| Other:   |                             |   |                         |  |  |
| HAVE YOU REQUESTED A CRE   | DIT FREEZE WITH A CREDIT    | REPORTING AGENCY?   |                         |  |  |
|  |                             |   |                         |  |  |
| HAVE YOU REQUESTED A CREE  | DIT REPORT FROM EACH O      | F THE THREE CREDIT BUREAUS?                                       | (Check all that apply.) |  |  |
| Equifax  TransUnion  | If you have any reports, pl | ease attach a copy of each to this                                | s form.                 |  |  |
| Experian   |                             | nal documents in a safe place.<br>torney General's Office at this |                         |  |  |
| 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 MM/DD/YYYY / 20    |  |  |